Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17020 CERTIFICATE OF DEATH 24 haurs after death. and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and campletely filled in by the funeral remave carbon papers. Pages I and in any event, within 72 hours after deat 1. PLACE OF DEATH o. COUNTY b. COUNTY a. STATE Maryland Harford Cecil MARYLAND b. CITY OR TOWN (if outside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen 70 Days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 37 Taft Street YES NO VA Hospital PHYSICIAN: The law requires that the death certificate be executed within please remave carbon 3. NAME OF Last 4. DATE Month Day Year DECEASED 12 30 19 66 Robert Jack Beavers (Type or print) DEATH YEAR IF UNDER 24 HRS. IF UNDER S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** 8. DATE OF BIRTH 9. AGE (In years birthday) Months Days Haurs DIVORCED and in any 9-1-25 WIDOWED Male White 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR U.S.A. during most of warking life, even if retired) INDUSTRY Abet Virginia Construction Carpenter 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Carrie Lovell Robert J. Beavers attending defmit 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ion, or (Yes, no, ar unknown) (If yes give war or dates of service) VA Hospital Records - Perry Point, Md. Yes 226-28-67-71 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) cremat PART I DEATH WAS CAUSED BY QUATOM DEATHS burial-transit Bronchopneumonia, confluent of all lobes IMMEDIATE CAUSE (a) **DUE TO** signed Pulmonary emboli, with recent infarction of left lower lobe 2 days burial, Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been use as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health Diabetes mellitus, severe Years YES X be retained by the hospital or Id 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH 4 detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year Haur a.m. factory, street, affice bldg., etc.) Not While at work at wark , 19 66 , to 12-30-21. I certify that (this hospital) attended the deceased fram_ 10-11xancher teams and an the date stated above. 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** STAFF PHYS. 12 31 66 / www Ma in M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) VICTOR VICTORINO JOSE BORGES, MD VAH. Perry Point, Md. director, p 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) 12 31 66 Cliffield. Virginia

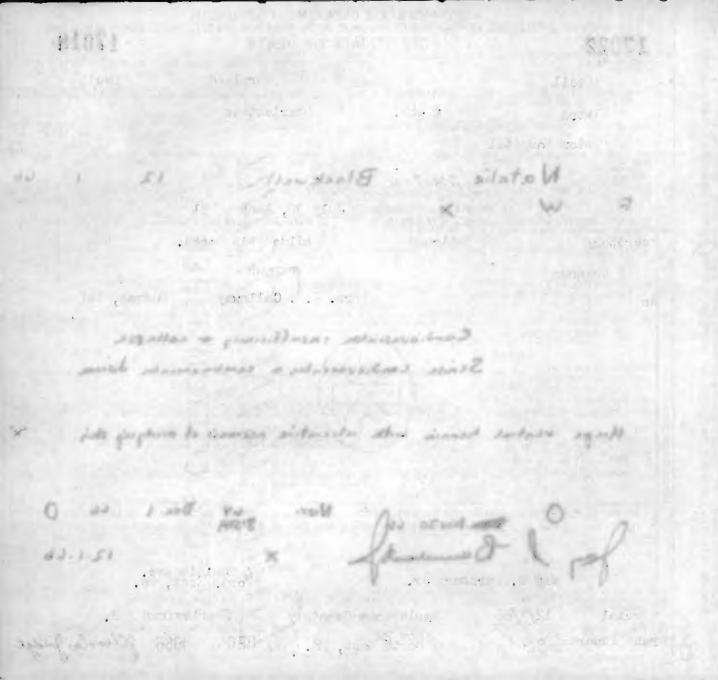
TRAR | 25b. REGISTRAR'S SIGNATURE Beavers Cemetery Removal 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) TARRING FUNERAL HOME, Aberdeen, Maryland 196 Charles Jude

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, If Institution: Residence before edmission) e. COUNTY TATE **b.** COUNTY files. MARYLAND b. CITY OR TOWN (if outside corporate limits, Department E. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) director. write RURAL and give nearest town retained for your d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) a. IS RESIDENCE funeral ON A FARM? State hours after YES NO NAMEOF DATE Dey Month DECEASED to the OF DEATH with the 72 hours (Typa or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 15. SEX 8. DATE OF BIRTH and 3 AGE (In years HE UNDER 1 YEAR 2 with last birthday) Months Davs Hours Min. WIDOWED DIVORCED Lia affer YIS. Give Pages 1, 2, au orm PM3. Page 5 n File pages 1 and 2 USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Stote 12. CITIZEN OF WHAT COUNTRY? Office along with form PM3. Page done during most of working life, even if retired) noseve event 13. FATHER'S NAME MOTHER'S MAIDEN NAME in any 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) [(Ifyasgiva war or dates of servica) PUR Hem executed 18. CAUSE OF DEATH [Enter only one sause per line for (a), (b), and (c). INTERVAL BETWEEN .5 burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: in pencil IMMEDIATE CAUSE (a) DUE TO Ь Conditions, if any, which cremation, gave rise to immediate cause 15 pending Medical Examiner's DUE TO SE (e), stating the undarlying nsed : enusa jest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION writing the word " e Chief Medical Ex Page 3 should be u to burial, PERFORMED? NO YES 200. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURRED. (Enlar nature of Injury in Part I or Part II of itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. prior MEDICAL ease execute the certificate, writing should be forwarded to the Chic PUNERAL DIRECTOR: Page 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) factory, street, office bidg., etc.) While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion or its designated death resulted from: Natural causes Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Please A should Health DATE HEREOF 22a. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county REMOVAL (Specify) urial arrington 23. FUNERAL DIRECTOR REC'D BY REGISTRANA 246. REGISTRAR'S SIGNATURE DATE 5M 1/63

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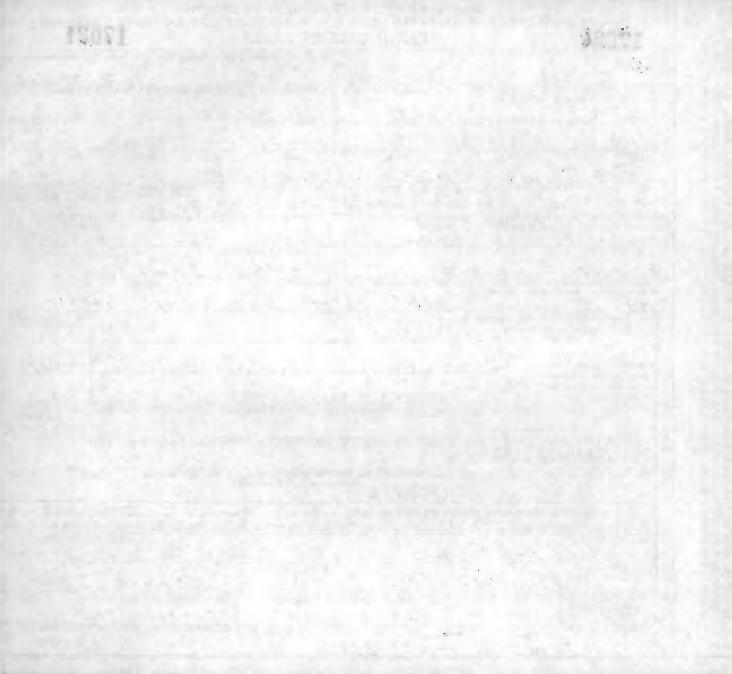
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY atter Cecil Maryland Cecil MARYLAND by the b. CITY OR TOWN (if outside corporate limits, C. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) completely filled in by to ove carbon papers. Page y event, within 72 hours write RURAL and give nearest town) Charlestown wks. Elkton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) B. IS RESIDENCE ON A FARM? d. STREET ADDRESS Union Hospital No.K YES 3. NAME DE Middle Lest DATE Month Year DECEASED 13 19 66 (Type or print) DEATH ackwell executed 5. SEX 6. COLOR OR RACE -ешоле 8. DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 9. 7. MARRIED NEVER MARRIED last birthday) Months Davs Hours any WIDOWED X July 30, 1885 81 DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ician ease r pe during most of working life, even if retired) COUNTRY? Secretary Railroad Phildelphia Penna. USA death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address transit permit. (Yes, no, or unkown) (If yes give war or dates of service) Mrs. J.C. Valloway Odessa, Del 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH law requires that the been signed by the burial-transit or to burial, crema PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. ardi avascutar Conditions, If any, which gave rise to immediate **OUE TO** cause (a), stating the has be as the prior t underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate The SE YES NO Z ventral Necrosis 202. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: this cerm detached fr 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) should be de factory, street, office bldg., etc.) Hour a.m. While Not While at work ATTENDING at work 19 64, to. Dec. 1 19 . that (I) (we) last 21. I certify that (II) (this hospital) attended the deceases from DIRECTOR: age 3 should iled with the . Nov 3019 64 and that death occurred at 2150m, from the causes and on the date stated above. say the deceased alive on 222. SICNATURE 22b. DATE SICNED ATTENDING pe page MED. 12-1-66 M.D. DIRECTOR TO HOSPITAL Page 4 may FUNERAL CIAN 22c. PHY: 22d. ADDRESS Mauldin Ave director, p NAME (Type) S. Barnhart Jr. Jav North East, Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) 2 3/66 Charlestown Cemetery Charlestown ADORESS, FUNERAL DIRECTOR REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Grant North East, Md. 1966 VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17023 CERTIFICATE OF DEATH executed within 24 hours after death and completely filled in by the funeral remave carbon papers. Pages 1 and I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) CEC/L e. COUNTY CECIL MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 No. COLURA d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM within 72 YES NO T 4 DATE NAME OF Doy First Year DECEASED (Type or print) COOK OF DEATH BURKINS DEC. 1966 IF UNDER 24 HRS. 9. AGE (In years 6. COLOR OR RACE NEVER MARRIED bighdoy) Months Hours 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10h, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) please during most of working life, even if retired) HARFORD 00. physician requires that the death certificate, 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME the attending phys CANTLER CURRY SALLY DAVID 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) ((If yes give wor or dates of service) 770-7-3348-A 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO For I 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CLICAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Not While at work of work 21. I certify that (1) (this hospital) attended the deceased from 1004, 5, 1957, to Wie 12 , 19 65 that (1) (we) last Wee 19 19 66, and that death occurred of M, fram couses and an the date stated abave saw the deceased alive on... 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** PHYS. M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF (County) (Stote) 230. BURIAL, CREMATION 00. COLORA CECIL NEW BRIDGE CEM. 2Sb. REGISTRAR'S SIGNATUR 2So. REC'D BY REGISTRAR 966 Charles RISING SUN. M.D. VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH and 2 death. death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE by the farages 1 hours after MARYLAND EU C n and completery Pages remove carbon papers. Pages in any event, within 72 hours af CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b c. CITY DR TDWN (If outside corporate limits. write RURAL and give nearest town) 4670 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 8. IS RESIDENCE ON A FARM? NO YES within NAME OF 3. Month Middle Last DATE Day DECEASED (Type or print) BURNLEL DEATH 1966 executed 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (in years | IFUNDER 1 YEAR | IFUNDER 24 HRS | Isst birthday) | Months | Days | Hours | Min. 7. MARRIED 8. NEVER MARRIED lease remove WIDOWED DIVORCED ! - 20 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT After this certificate has been signed by the attending physician id be detached for use as the burial-transit permit. Then please is State Dept. of Health prior to burial, cremation, or removal, and in during most of working life, even if retired) COUNTRY? HOUSE WIFE 40 ME 13. FATHER'S NAME E551E W000 15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) death CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: The law requires that to or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which granary (b) gave rise to immediate **DUE TO** (a). stating ronar underlying cause last, (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO WAS AUTOPSY THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO K YES PHYSICIAN: T 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 120e. PLACE OF INJURY (Home, farm, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (State) 2Df. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work ___ at work ATTENDIN be retained TO FUNERAL DIRECTOR: A director, page 3 should a should be filed with the 21. I certify that (I) (this hospital) attended the deceased from NAV 1966 to 27, 1966, that (I) (we) last and that death occurred at 103%M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED STAFF M.D. DIRECTOR PHYS. 4 may 22d. ADDRESS PHYSICIAN'S NAME (Type) LDCATION BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. or county) REMOVAL (Specify) 30-66 CEMETERS 70 M √(I) 25a. REC'D BY REGISTRAR I FUNERAL DIRECTOR REGISTRAR'S SIGNATURE VR A15 (4) DATE 15M 4-64

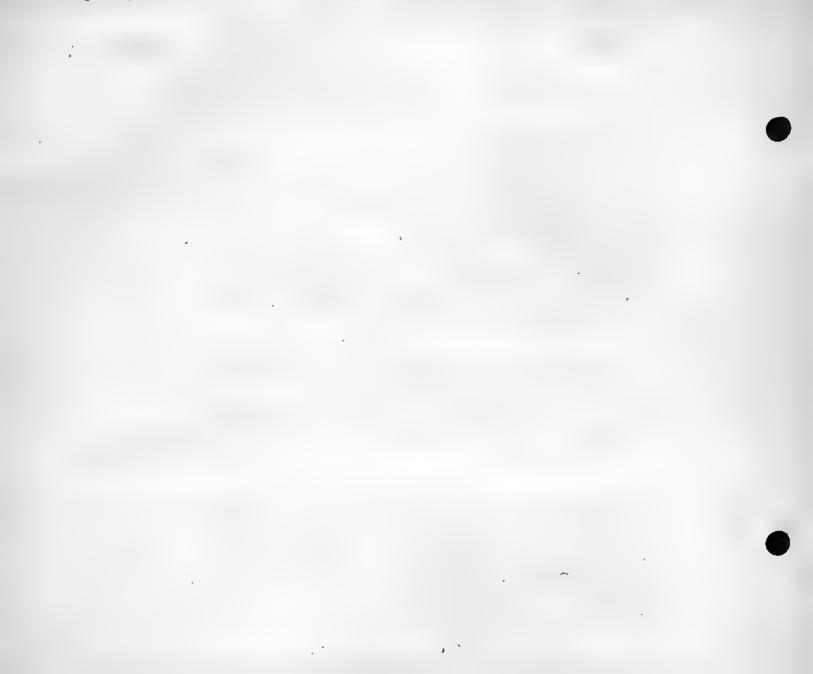


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17025 CERTIFICATE OF DEATH death 24 hours after death the attending physicial and completely filled in by the funeral sit permit. Then please temove corbon popers. Pages 1 and nation, or removal, ontheredny event, within 72 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY **MARYLAND** Delaware b. CFTY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 7b c City OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) 3 Yrs 11 Mo Perry Point.

d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Rehoboth. d STREET ADDRESS e IS RESIDENCE ON A FARM? 100 Fhiladelphia St. NO E VA Hospital YES T The law requires that the death certificate be executed within 3. NAME OF 4. DATE Day Year DECEASED OF DEATH (Type or print) Campbell Jr 19 66 James IF UNDER 1 YEAR S SEX AGE (In years IF JNDER 24 HRS. 6 COLOR OR RACE B. DATE OF BIRTH 7 MARRIED NEVER MARRIED last birthday) Manths Days Haurs 4/1/81 WIDOWED White DIVORCED Male 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) **INDUSTRY** COUNTRY? Naval Officer - Retired Military Philadelphia, Pa. IJ.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James A. Campbell Ella M. Stokes 17. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war or dates at service) 148-18-74-77 VA Hospital Records, Perry Point. Yes cremotion, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p burial, crematic ONSET AND DEATH PART I. DEATH WAS CAUSED BY Probable ventricular fibrillation IMMEDIATE CAUSE (a) the hospital or ottending physicion DUE TO Canditians, if any, which gave Atteriosclerotic Heart Disease Unk rise to immediate cause (a). DUE TO stating the underlying cause r te this certificate has been Arteriosclerosis, Generalized Unk tor use as the Heolth prior t last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES 🔀 NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH JO. detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) 20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg , etc.) Hour a.m. Not While director, page 3 should be d at wark be retoined by 21. I certify that (\$4 (this haspital) attended the deceased fram Jan 19 63 to Dec 22a. SIGNATURE 22b. DATE SIGNED director, page 3 should be filed w M.D. DIRECTOR PHYS 22d. ADDRESS 22c PHYSICIAN'S ALFRED NAME (Type) VA Hospital Perry Point, Md. Gillis M.D. 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION 23b DATE THEREO! 23d. LOCATION (City or Town) (County) (State) Arlington National REMOVAL (Specify) Ft Myer, Virginia Removal 2Sb. REGISTRAR'S SIGNATURE 25a, REC'D BY REGISTRAR 24 FUNERAL, DIRECTOR, **ADDRESS** VR A15 (4) 20 M 1/66 Perryville.Md. DATE JAN



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 after death. ath, and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY **a. STATE** the MARYLAND b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pag hours hours write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) .≡ papers. In 72 ho filled e. IS RESIDENCE d. STREET ADDRESS 24 ON A FARM? YES within within etely rbon 3. NAME OF Middle DATE Month Day Last 4. DECEASED OF DEATH evant, 2 3 compli Car (Type or print) 19 executed SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IFUNDER I YEAR IF UNDER 24 HR\$. last birthday) Months | Days | Hours | Min. 7. remove MARRIED NEVER MARRIED Months Days Hours and any /WIDOWED DIVORCED Attending physician a minit. Then please recond, or removal, and in a Ξ 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) death certificate be INQUSTRY 40 W FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) | (If yes give war or dates of service) 20 been signed by the the burial-transit, a for to burial, cramativ CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSEY AND DEATH The faw requires that the PART I, DEATH WAS CAUSED BY: or attending physician. OL4 IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) rise to immediate **DUE TO** cause (a), stating as th underlying cause last, has (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) this certificate has betached for use for use Health PERFORMED? YES NO F the hospital OR ATTENDING PHYSICIAN: be retained by the hospital 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) detached fr OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) be de State Hour a.m. While Not While After at work p.m. 19 at work **DIRECTOR:** Af age 3 should I lied with the S 1966 21. I certify that (1) Ithis hospital) attended the deceased from that (I) (we) last 19 6 6 and that death occurred at 5 7% M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING MED. STAFF Page 4 may b DIRECTOR PHYS. PHYS FUNERAL director, p #2c. PHYSICIAN'S 22d. ADDRES NAME (Type) 6 LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. (State) REMOVAL (Specify) 2 FUNERAL DIRECTOR REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR AIS (4) 20M 1/65

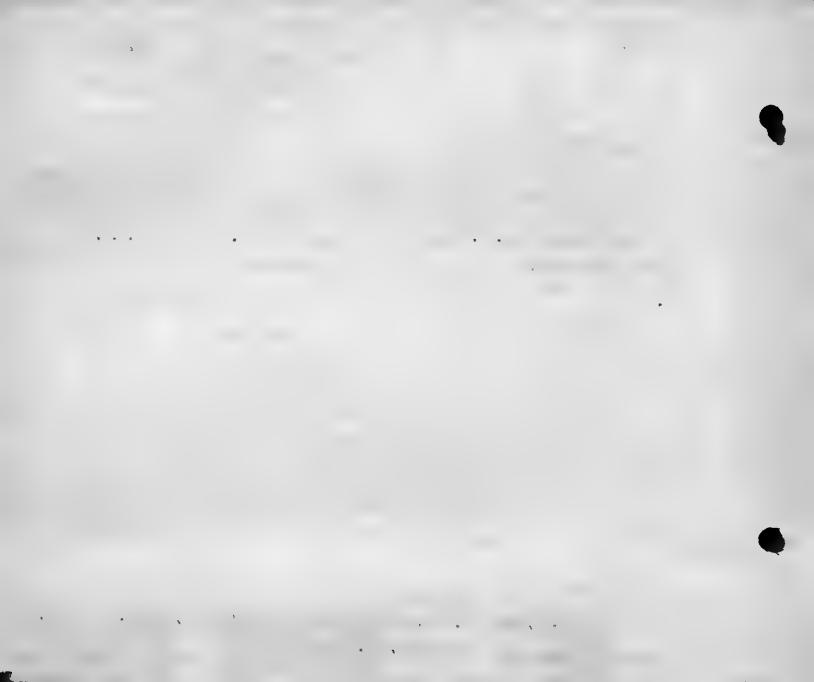


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH deoth. requires that the death certificate be executed within 24 hours after death for and completely filled in by the funeral age remove carban papers. Pages 1 and find in any event, within 72 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY o. STATE
Maryland b. COUNTY Cecil Cecil MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) Perry Point days Colora e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS YES VA Hospital None ND X 3 NAME OF Middle 4 DATE Month Year First Lost Day DECEASED 1966 11. December Cifaldo DEATH Frank (Type or print) IF UNDER 24 HRS. IF UNDER 1 YEAR S SEX 6 COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH AGE (In years NEVER MARRIED Hours birthday) Months Doys 2-11-42 White WIDOWED DIVORCED Male 106 KIND OF BUSINESS DR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer **COUNTRY?** INDUSTRY Cecil County, Maryland Chemical U.S.A 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Angelo Cifaldo Angelina Charles 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 220-40-1855 ost Korean VA Hospital Records, Perry Point, cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) buriol-transit 3-6 hours PART I. DEATH WAS CAUSED BY-Acute pulmonary congestion and edema IMMEDIATE CAUSE (6) ģ DUE TO 5-6 days Toxemia of unknown etiology Canditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying cause as the Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate hos been last 19. WAS AUTOPSY PERFORMED? PART II, DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use Health YESXX NO 20₀. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Port 1 or Port 11 of Item 1B.) detached for the Dept. of 1 (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20d INJURY DCCURRED 20e. PLACE DF INJURY (Home, form, 20f (City or town) (County) 20c. TIME DF INJURY Month, Doy, Year factory, street, office bldg., etc.) Not While of work ot work 2) I certify that (1) this has pitted attended the deceased from December 8, 1966, to December/ 22b DATE SIGNED 220 SIGNATURE **ATTENDING** 12-13-66 DIRECTOR PHYS. director, page should be filed 22d. ADDRESS 22c PHYSICIAN'S VA Hospital, Perry Point, Md. NAME (Type) E. O. HUNT. M.D. 23o. BURIAL, CREMATION, 23b. DATE THEREDE 23c NAME OF CEMETERY DR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Cametary Risin Sun Brookertan 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Terryville. home,



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residente before admission) a. COUNTY/ **b.** COUNTY MARYLAND b. CITY OR TOWN (it outside corporate limits, c. LENGTH OF STAY IN 16 OR TOWN (If outside corporate limits, write RURAL and give nearest rown) write RURAL and give nearest town d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital IS RESIDENCE ON A FARM? 3. NAME OF Middle DECEASED OF (Type or print) DEATH 5. SEX AGE [In years LIF UNDER 1 YEAR (ast birthday) Months | WIDOWED DIVORCED I 10b KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired School Principal Ret. B. Education Earleville Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Thomas Clark Laura Ellen Veach 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) (Hyesgiva werordatas of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY PERFORMED? NO 20s. ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURED. [Enter neture of injury in Pert 1 or Part 1 of Item 18.] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De, PLACE OF INJURY (Home, farm, 20f, (City or town) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED (County) (Stete) fectory, street, office bldg., etc.) Not While Hour a.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from M. from the causes and on the date stated above saw the deceased alive on, and that death occurred My 22b. DATE 22a. SIGNATURE SIGNED PHYS. DIRECTOR M.D. FUNERAL ADDRESS 22c. PHYSICIAN'S NAME (Type 23s. BURIAL, CREMATION, | 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) Md. Earleville, Rural. Burial St. Stephens Cemetery 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE A15 (4) Millington, Md. 21651



1 / 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	I AND
hours after death. d in by the funeral rs. Pages 1 and 2 2 hours after death.	17029 CERTIFICATE OF DEATH 17020	6
funeral 1 and 2 er death.	1. PLACE OF DEATH a. COUNTY Cecil MARYIAND LOUNTY Cecil MARYIAND LOUNTY Cecil	
completely filled in by the i ve carbon papers. Pages 1 event, within 72 hours after	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
2 hou	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e IS RESIDENCE
量4		ON A FARM?
	3. NAME OF First Middle Last 4. DATE Month Day OF COLLINS DEATH December 27	Year 19 66
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR last birthday) Months Days	RIFUNDER 24 HRS
	Female Colored WIDOWED DIVORCED Unit 1893 74 73 yrs. 10a. USUAL OCCUPATION (Give kind of work done INDUSTRY) 11a. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN COUNTRY	
	Housework Home Maryland U.S.A.	
	13. FATHER'S NAME Lewis Wilson Mandie Moore	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) [(If yes gire war or dates of service)]	
	No. None Blanche Gould Cecilton, Maryland	
	PART I DEATH WAS CAUSED BY. Antenional anotte heart Death Death	ERVAL BETWEEN SET AND DEATH Cars
	Conditions, If any, which)	
	gave rise to immediate (cause (a), stating the DUE TO	
	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.	WAS AUTOPSY
	Cardiac schock	PERFORMED?
	Cardiac schock 20a. Accident was underlying in Cause of Death (IF EITHER, NOTIFY MEDICAL EXAMINER) Cardiac schock 20b. Describe How INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While At work At work	(State)
	21. I certify that (I) (this hospital) attended the deceased from 12 Dec 66 19 to 27 Dec 669 the saw the deceased alive on 27 Dec 66 19 and that death occurred at 4 p.m., from the causes and on the data	
	saw the deceased alive on 27 Dec 66.19 , and that death occurred at 41 p.M., from the causes and on the date 22a. SIGNATURE 22b. DATE SI	IGNED
	22c. PHYSICIAN'S NAME (Type)	Dec 6
	Wallace Openshain, M.D. Cecilton, Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
	Burial Dec.31,1966 Cecilton Col. Cemetery Cecilton, Cecil Co;	Md.
	24. FUNERAL DIRECTOR Edward Fellows. ADDRESS ADDRESS	19
	DATE JAN 4 1907	1-7-

DETERM GOSTAL SELFONNOS, MOI, MACTIMORE, MIC. 21201



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24 hours after death.	funeral and 2 r deate.	1.	PLACE OF DEATH						2. USUAL RESIDE	NCE (Where	deceased liv		tion: Residen	ce before admission
ter	a _ a		C.e	ecil			MAR	YLAND	a. STATE	ntana		b. COUNTY	Parm	115
60	Pages urs aft		b. CITY OR TOWN	will outside corporand give nearest to	rate limits,	C. L	ENGTH OF STA	Y IN 1b	C. CITY OR TOWN			mits, write		
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4 4	filled in papers. I in 72 hou		d. NAME OF HOS	PITAL OR INSTITUT	FION (if not	In hospita	i, give street	address)	d. STREET ADDRES	SS				8. IS RESIDENCE ON A FARM?
	Z E E C /			Cospital	of C	ecil	Count	2.						YES NO T
executed within	sician and completely filled in by ease remove carbon papers. Pag and in any event, within 72 hours	3.	NAME OF DECEASED		First		Middle		Last	4. DA	TE	Month	Da	y Year
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pe	cian ase nd ji	dur	ng most of work	ION (Give kind of wor ng life, even if reti	red)	INDUST	RY	in.	11. BIRTHPLACE			,	12. CITIZEN COUNTR	343
916	physician n. please	13.	FATHER'S NAMI	-Teacher		Sen	ool-Ed	lucat	↓on "in		lis,	linn.	U.S	• 4 •
tific	P D D								14. MOTHER 5 M	TIPET TAN		7 O O-		
Les	ngi.	15.	WAS DECEASED E	VER INU.S. ARMED	FORCES?	16. SOCIA	LSECURITYN	0. T 17.	INFORMANT		RIC	Igema:		A # T
PHYSICIAN: The law requires that the death certificate be the hospital or attending physician	permit. Then plysion, or removals	(Ye	i, no, or unkown)	(If yes give war or date	es of service)				eron 1.	Conol	75 20		Elkto nna A	on, Md.
g	the the tipe	ī		DEATH (Enter only	one cause_t	ger [[ne for	(a), (b), and	(c).]		05.01	1,500	71 101	INT	ERVAL BETWEEN
草	wing pristing. been signed by the at the burial-trans.t purn on to burial, cremition.			ATH WAS CAUSED E	BY:	FIFE	nant	icant)	loma Zana				ON	SET AND DEATH
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res	Sign		Conditions, if a	any, which }	(b)									
edu	the to		gave rise to cause (a), st		TE TO									
aw r	as las l	Z	underlying cause		(c)									
19 19	ifficate has been for use as the Health prior to	ATIO	PARTII. OTHERS	GNIFICANI CONDIT	TIONS CONT	RIBUTING	TO DEATH BUT	NOTRELA	TED TO THE TERMINA	L DISEASE C	CONDITIONS	IIVEN IN PAF		. WAS AUTOPSY PERFORMED?
# 12 m	fica for l	FIC	20s ACCIDENT	WAS UNDERLYING [7 201	h Breen	IRE HOW IN	IDV GOOLS	DDED (False ashure	of lature le	n Don't Local	Dank III and IA		res 🔲 No 🛂
CIAN	this certificate has detabled for use as te Dept. of Health price	CERTIFICATION	OR CONTRIBUTION	NG [] CAUSE OF DE	EATH AINER)	u. DESCR	ינאו איטא בסו	UKT UUGU	RRED, (Enter nature	or injury ii	n Part I or I	rant II of it	em 18.)	
YSTO P	tach Sept			NJURY Month, Day		nd. INJURY	OCCURRED	20a. Pl Ar	E OF INJURY (Home	farm. 20	f. (City or	town)	(County)	(State)
2.5	of the control of the	MEDICAL	Hour s.m	l.	W	hile — N	lot While -	factor	y, street, office bldg.	, etc.)	. (011) 01	,	(000.10)	(Danca)
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TEN	OR: Doug			eased alive on	all (Ibiriya	enaea (ni ~ 1 =	1966	and that	death occurred a	19 <u>19</u> 2.,	from the	callege and	on the da	inat tir (wer las
A to	3 2 3		22a. SIGNATUR		()		7	מוום נווטנ	acata cocattea a		TION INC		2b. DATE S	
994	NL DIR page i filed		1-4	Queen	S/1	Yele	men	M.D.		MED. DIRECTOR	R STAI	s. 🔲	12-10	1-66
E E	RAI /		22c. PHYSICIAI NAME (Ty	V'S pe)	/				22d. ADDRESS					
0.SP	D FUNERAL director, I			Till Imar		John:		[,D,		inger		renue		on, Md.
TO HOSPITAL O	To FUNERAL DIRECTOR: director, page 3 should be filed with the	23a.	BURIAL, CREMA REMOVAL (Spe	clfy) _	E THEREOF	230			OR CREMATORY		LOCATION	City, town さものでれ		(State) ontana
ļ	-	24	FUNERAL DIRE	Decer	Toer	TALO	6 Suns	166 1	Iem. Gard	EC'D BY R			STRAR'S SIG	NATIME
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17031 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. attending physician and completely filled in by the funeral permit. Then please remove carban papers. Pages 1 and an, or removal, and in the best within 72 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) O. STATE DISTRICT OF COLUMBIA a. COUNTY Cecil MARYLAND c LENGTH OF STAY IN 16 c CITY OR LOWN (If autside carparate limits, write RURA, and give nearest town) b CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) 22 days Perry Point 22
d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Washington d STREET ADDRESS e IS RESIDENCE ON A FARM? 613 Lamont St. N.W. VA Hospital YES T NO DE NAME OF 4 DATE Lost Dov DECEASED December 21. (Type or print) Andrew CROWELL DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7 MARRIED 8. DATE OF BIRTH 9. AGE (In years NEVER MARRIED lost birthdov) Months Doys Hours Male Negro WIDOWED DIVORCED 1 4 16 50 yrs. 100 USUAL OCCUPATION (Give kind of work dane during most of working life even if retired) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? INDUSTRY Maintenance Worker U.S.A. Halifax N.C.

14 MOTHERS MAIDEN NAME 13 FATHER'S NAME (L) Edward Crowell N.C. Mamie (L) N.C. 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Address (Yes, no, ar unknown) (If yes give war ar dates of service) VA Hospital Records - Perry Point.Md. 245-18-81-d5 Yes WW TT crematian, INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter any one cause per line for (o), (b), and (c)) signed by the burial-transit probability burial, crematic Bronchopneumonia, bilateral with lung abscess poset and dears DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) formation DUE TO 8-12 Month Carcinoma of mouth (Pharynx) with metastasis Conditions, if any, which gave rise to :mmediate cause (o), lungs DUE TO stating the underlying couse Page 4 may be retained by the haspirur at Page 4 may be retained by the haspirur at FUNERAL DIRECTOR: After this certificate has been significant, page 3 should be detached for use as the director, page 3 should be detached for use as the latestary page 3 should be detached for use as the latestary page 3 should be detached for use as the latestary page 3 should be detached for use as the latestary page 3 should be detached for use as the latestary page 3 should be detached for use and latestary page 4 may be retained by the latestary page 5 may be retained by the latestary page 6 may be retained by PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 32 NO 205, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item, 18.) 20g ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Not While factory, street, affice bldg, etc.) at wark at wark 21 I certify that (this haspital) attended the deceased from 11-29-66 . 19 to 12 21 66, 19 scathotally developed 22b. DATE SIGNED 22a, SIGNATURE MED. DIRECTOR ATTENDING STAFF PHYS. 12 22 66 M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S E. BLANCAFLOR, M. D. VAH Perry Point, Md. NAME (Type) JOEL 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. (County) (Stote) REMOVAL (Specify)
Removal Arlington National Cemetery Ft Myer, Va. Luner ADDRESS 75731-1920 2Sb REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 HOME - 3831 Georgia Ave. DATE N.W. Wash D.C.



1	MAKYLAND STATE DEPARTMENT OF HEALTH *DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
d in by the funeral region by the funeral rs. Pages 1 and 2 thours after death.	17032 CERTIFICATE OF DEATH 17029
and 2 death,	1. PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY c. STATE D. COUNTY A. COUNTY A. COUNTY A. COUNTY B. STATE D. COUNTY A. COUNT
Pages 1 surs after of	Gecil MARYLAND FENNA MONTGORIETY
papers. Page hin 72 hours a	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, Noth North East 3 yrs. C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TECFORD
표	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE
^	R.D. 2 COUNTY LINE RO YES NO NO
	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF
	(Type or print) Maria Tellipse of the Maria 1966
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 14 PER IFUNDER 14 PE
	188. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT
	during most of working life, even if retired) Housewife Ireland COUNTRY7 Ireland
200	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
3	John Jennings Mary Hughes
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT W. Stanley Wirth North East, Md.
	1.18 CALISE OF DEATH (Enter only one cause per line for (a) (b) and (c) 1
	PART 1. DEATH WAS CAUSED BY: Chronic conditions failure
	4221 DUE TO
	gave rise to immediate (b) Senile and arter's scientic continuously directions.
	cause (a), stating the DUE TD
1.5	underlying cause last. (c)
0	YES NO
	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	Hour a.m. While Not While factory, street, office bidg., etc.)
	21. I certify that (1) (this hospital) attended the deceased from 2-3, 1966, to 12-1, 1966, that (1) (we) last
= ===================================	saw the deceased alive on 12-1 1946, and that death occurred at 120 PM, from the causes and on the date stated above
	22a. SIGNATURE BOWN ATTENDING MED. STAFF 22b. DATE SIGNED M.D. PHYS. DIRECTOR PHYS. 12-1-66
=	22c. HYSIDIAN'S 22d. ADDRESS / Mauldin Ave
should be filed with the State Dept. of Health prior to burial, cremation, or	NAME (Type) Jay S. Barnhart Jr. North East, Md.
Shou	23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY Lower MerionTwsp. (State) Pa.
	Burial 12/5/66 Calvary Cemetery Lower MerionTwsp. Pa. 24. FUNERAL DIRECTOR 256. REGISTRAR'S SIGNATURE
	Grant Funeral John (racioth East, Md. DATE DEC. 6 1966 Activities Judge
	TOTAL TIPLE OF THE PARTY OF THE



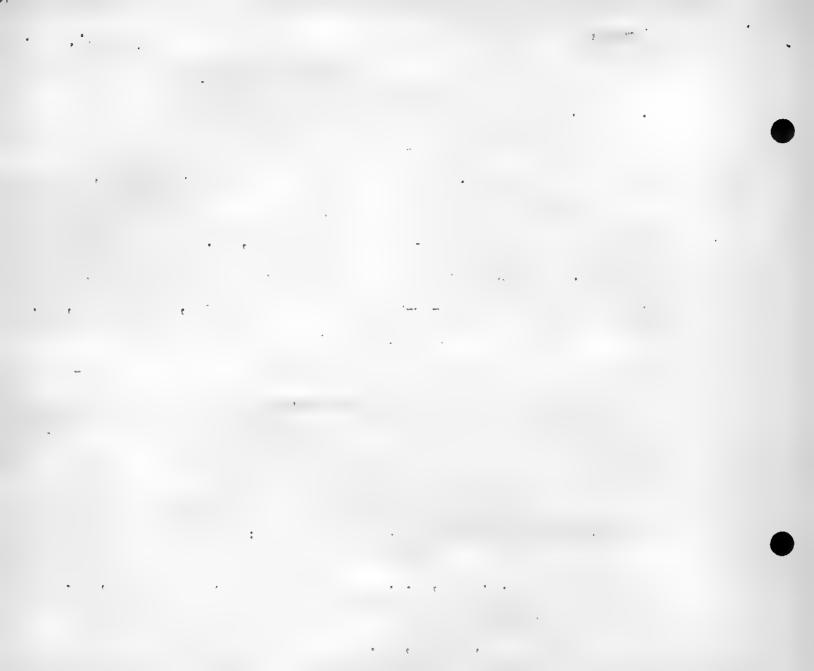
1			YLAND STATE DEF ARCH AND RECORDS			ΜΔΡΥΙ ΔΝΠ				
n		17033 CERTIFICATE OF DEATH								
dille describe	1,	PLACE OF DEATH a. COUNTY Cociol	MARYLAND	2. USUAL RESIDENCE B. STATE N.C.	CE (Where deceased lived, If institution: b. COUNTY	Residence before admission) Cecial				
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. city or town (if	outside corporate ilmits, write RUR/ ck Rural	AL and give nearest town)				
41		d. NAME OF HOSPITAL OR INSTITUTION (If not in h Union Hospital	ospital, give street address)	d. STREET ADDRESS		6. IS RESIDENCE DN A FARM? YES 2 NO				
		NAME OF First DECEASED (Type or print) Rose Anna		Last	4. DATE Month OF DEATH 12/16/6					
		ferrle 6. COLOR OR RACE 7. MARRIED WIDOWED	DIVORCED DIV	B. DATE OF BIRTH	± yrs.					
	dur		AND OF BUSINESS OR NOUSTRY	Nd.		CITIZEN OF WHAT COUNTRY?				
	13.	FATHER'S NAME		14. MOTHER'S MAIL						
	15	Harvey Bowman . Was deceased ever in U.S. armed forces? 16.	SOCIAL SECURITY NO. 17.	Lillian	Pope					
	(Ÿ	s, no, or unkown) (If yes give war or dates of service)			field, Mildletow	n,Dol.				
		18. CAUSE OF DEATH [Enter only one cause per l PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Ine for (a), (b), and (c).] Arterioscler	otic Hear	Disease.	INTERVAL BETWEEN DNSET AND DEATH VEARS				
0		7000 DUE TD								
		Conditions, If any, which gave rise to immediate (b)			<u></u>					
		cause (a), stating the DUE TO								
	NO	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL I	DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTDPSY				
)	CAT	Hepatomegaly ,Acu	te alcoholis	m ? Cereb:	ral edema	PERFORMED?				
	CERTIFICATION		DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature o	finjury in Part 1 or Part II of Item 1	(8.)				
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. Hour a.m. While p.m. 19 at wor	Not While facto	CE OF INJURY (Home, fary, street, office bldg., e		ounty) (State)				
		21. I certify that (I) (this hospital) attend	led the deceased from	$12.15.66_{,1}$	9, to 12/16/6619	, that (I) (we) last				
		saw the deceased alive on 12/16/	and th <u>al ناث</u>	t death occurred at	A. M, from the causes and on	the date stated above.				
		22a. SIGNATURE Weller Oliveller	M.0	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	12.17.66				
1		PHYSICIAN'S NAME (Type) Wallace G.C	benshain	Cecilto	n Fd					
1	238		23c. NAME OF CEMETERY		23d. LOCATION (City, town or	county) (State)				
		a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 12/19/66	Town sond I	/ E Comoto	Townsend Del	. 6				
	24	FUNERAL DIRECTOR	ADDRESS THE	DEL DEC	19 1966 Javel	AR'S SIGNATURE				
	1=	1 1/4 1/4 1/4				11 0				



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17034 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission. signed by the attending physician, and completely fulled in by the funerat buriol-transit permit. Then predse Tembove corbon papers. Pages 1 and 1. PLACE OF DEATH a. COUNTY o. STATE DISTRICT OF COLUMBIA Cecil ve corbon papers. Pages 1 event, within 72 hours after MARYLAND C LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate imits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RdRAL and givePerentywnPoint 15 days Washington d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) VA Hospital 159 V St. N.W. YES NO X 4 DATE OF 3 NAME OF First Last Doy Year DECEASED (Type or print) Albert December H. Driver DEATH 9. AGE (In years IF UNDER I YEAR S SEX 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** B. DATE OF BIRTH lastop rthday) Days Hours 12-4-88 Male NEGRO WIDOWED 1 DIVORCED and Inday 12. CITIZEN OF WHAT 10g USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of warking ite, even if retired) **Presser** COUNTRY? **INDUSTRY** Bowie, Md. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME buriol, cremotion, or removal Charles Driver Rebecca Branford 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO 17. INFORMANT Address Yes VAHospital - Perry Point Md INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. ONSET AND DEATH WARDIAC ARREST IMMEDIATE CAUSE (a) be retained by the hospital or attending physician. DUE TO Conditions, if any which gove (b) ARTERIOSCIEROT rise to immediate cause (a), **DUE TO** r this certificate has been si detached for use os the bi te Dept. of Heolth prior to br stating the underlying cause last. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO KX 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour a.m. Not While factory, street, office bldg. etc.) at work of work O FUNERAL DIRECTOR: After to 12 24 66 21. I certify that (X (this hospital) attended the deceased from *** and that death accurred at 4:55PM, from causes and on the date stated above 22b. DATE SIGNED 22a, SIGNATURE 12-26-66 DIRECTOR 8 M.D. director, page should be filed 22d ADDRESS 22c. PHYSICIAN'S VA Hospital - Perry Point, Md. B. ROTHFELD, M.D. NAME (Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 230 BURIAL CREMATION. Arlington National Ft. Myer. Va 2So. REC'D BY REGISTRAR EUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) 20 M 1/60 FUNERAL HOME - Wash D.C.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17035 CERTIFICATE OF DEATH ond 2-death: 2 USUAL RESIDENCE (Where deceased lived, if institution PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deat ottending physician and completely filled in by the funeral permity. Them please remove carbon papers. Pages I and PLACE OF DEATH o. COUNTY o. STATE Pennsylvania **b** COUNTY Chester Cecil MARYLAND CLENGTH OF STAY IN 1b. b CITY OR TOWN (If autside carparate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oxford 1 Day d STREET ADDRESS IS RES DENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Box 172 Veterans Administration Hospital NO PCK YES 🔲 NAME OF Middle 4. DATE First Last Month Day Year DECEASED December 27, 19 66 JACOB W. FRANKLIN (Type or print) DEATH IF JNDER 24 HRS. IF UNDER 1 YEAR S SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (n years 7 MARRIED [30] **NEVER MARRIED** last durinday) Months Days Hours 9/28/88 Male White WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Fireman INDUSTRY Lancaster. Pa. 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME Margaret Cruthers (Deceased) William B. Franklin (Deceased) IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT permit (Yes na, arunknown) (If yes give war or dates of service) Yes WWI 181-03-4739 VA Hospital Records, Perry Point, Md. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).
PART I DEATH WAS CAUSED BY buriol-tronsit ONSET AND DEATH Acute Peritonitis due to IMMEDIATE CAUSE (o)_ signed by DUE TO Conditions, if any, which gave 2-3 days Perforated Gastric Ulcer rise to immediate couse (o). **DUE TO** Page 4 may be retained by the hospital or arrenance of FUNERAL DIRECTOR: After this certificate has been a specific or use as the stating the underlying cause Weeks Chronic Gastric Ulmer PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? × YES + NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 1B.) 20a, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year factory, street, office bldg., etc.) Not While of work at wark 2) I certify that (II (this haspital) attended the deceased fram_ 19.66. to 12/27 19_66 thretolik street lost 12/26 saw the decensed alverences was a reserve to the death accurred at M, fram causes and an the date stated above 22b. DATE SIGNED 220. SIGNATURE STAFF PHYS. 12/28/66 DEN DIRECTOR director, page 3 should be filed v PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type ALFRED G. GILLIS. M.D. VA Hospital, Perry Point, Md. 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23o. BURIAL, CREMATION, LOCATION (City or Town) (County) (State) 2So. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Kauffman Funeral Home Oxford. Pa.



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should hours after PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) . COUNTY b. COUNTY by the and 2 death. Caci 3017 MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerast town) c. LENGTH OF STAY IN 15 24 write RURAL end give neerest town) filled in Pages 1 after TITS . within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE hours ON A FARM? Devine Murging loma Tiam it a Driv YES NO TO completely papers. 3. NAME OF First Middle 4. DATE Month Yee 72 DECEASED OF (Type or print) DEATH IARR III within G. 19 carbon 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS and (ast birthdey) Months Thite Temale WIDOWED [DIVORCED [certificate may be relatined by the hospital or attending physician.

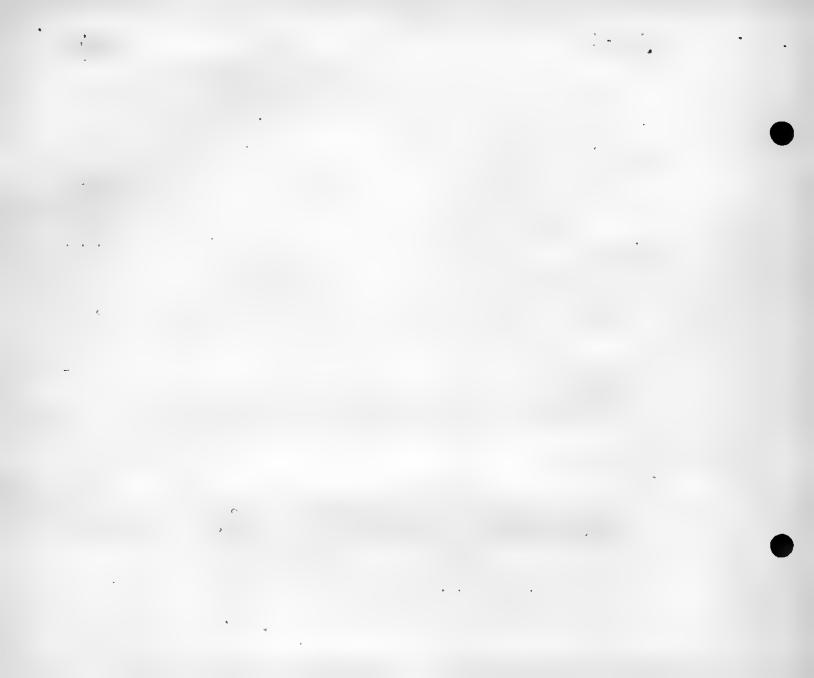
DIRECTOR: After this certificate has been signed by the attending the signer of should be detached for use as the burial-transit permit. Then please remove is should be detached for use as the burial, cremation, or removal, and in any even 16a. USUAL OCCUPATION (Give kind of work 105. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) School Teacher Education Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Jatchell Phoebe Freen 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The law requires that the Address (Yes, no, or unknown) | (If yes give wer or dates of service) 110 Claire 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: ATLAIST (Crosis Genera Clifed Sinca years IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying ceuse lest. PHYSICIAN: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? NO 200. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Dey, Year 204, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) While factory, street, office bldg., atc.) Not While al work et work p.m. 19.6/, to 12-3-, 19.64, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from.... ana..... saw the deceased alive on...... 22e, SIGNATURE 22b. DATE ATTENDING MED SIGNED PHYS. W DIRECTOR PHYS. HOSPITAL rector, page filed with the death. Page 4 O FUNERAL 22c. PHYSICIAN'S ADDRESS NAME (Type) Iman Johnson Ave. 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county (Stele 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOYAL _[Specify] ខ្មុំទី Sharps Cemesterv 0 Pair Hill 24 FUNERAL DIRECTOR'S SIGNATURE 25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) DATE DE Home erals 20M 5-63



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut a. COUNTY b. COUNTY יחף בייניף cil dedil MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN Ut outside corporate limits, write RURAL and give gaarast town! write RURAL and give nearest town! Eliction Eliction d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO T paper n 72 ł 3. NAME OF Middla 4. DATE Month DECEASED OF within (Typa or print) DEATH Dec. 19 carbon S SEX 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED pue last birthday) House event WIDOWED | DIVORCED physician please remove 10a. USUAL OCCUPATION (Give kind of work 11 SIRTHPLACE (County & Steta, or fore gn country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, avan if ratirad) Road Foreman 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Reese George Kincaid 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANTO SA tending physician. (Yes, no, or unkown) . (If yas giva wer or datas of service Frances affending physician. 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN b ONSET AND DEATH PART I. DEATH WAS CAUSED BY: JAMEDIATE CAUSE (a) cremation, **burial-transit** DUE TO Conditions, if any, which gava rise to immadrata cause DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS S NO 2Do ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of approving Part I or Part II of item 18.) After this OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Homa, farm, ; 20f. (City or town) 20c. TIME OF INJURY (County) (State) ď factory, strast, offica bidg , atc.) Not While While DIRECTOR: al work at work to. 0 5.5. 5., 19 6.6 that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from Carry 1966 19.4.4; and that death occurred at 2.7.M, from the causes and on the dale stated above. saw the deceased alive on ... 22a. SIGNATURE ATTENDING death. Page 4 I TO FUNERAL I director, page 3 be filed with the MAFD **STAFF** DIRECTOR PHYS. 22d ADDRESS 22c. PHYSICIAN' NAME (Type) 202 East Main St. Elkton, Md. Jacob 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Rurial Ground Calvert. Hd. riends. 25s. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) 20M S 63



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17038 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. on and campletely filled in by the funeral observations. Pages I and incove carban papers. Pages I and incove event, within 72 haurs after deginal incoverses. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY Pennsylvania Cecil MARYLAND Unknown b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) 38 yrs.1 mo. c CITY OR TOWN (If outside_corporate limits, write RJRAL and give nearest town) Mt. Pleasant Perry Point d. STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 143 Center Avenue VA Hospital NO KX 3. NAME OF First Middle Last 4. DATE Month attending physiclan brid campletely f permit. Then please remove carban Day Year DECEASED Walter Gesinsky 19 66 December 16. (Type or print) DEATH AGE (in years IF UNDER 24 HRS S SEX 8. DATE OF BIRTH IF UNDER 1 YEAR 6. COLOR OR RACE 7 MARRIED NEVER MARRIED XX last birthday) Manths Hours May 1, 1893 Male White WIDOWED DIVORCED IDS. KIND OF BUSINESS OR 10a USUAL OCCUPATION (Give kind of work done 12 CIT ZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY A COAL P ennsylvania Laborer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unknown Unknown 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no. or unknown) (If yes give wor or dates of service) 217-54-8381 VA Hospital Records, Perry Point, Md. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (o), (o), and (c))
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH Bronchial pneumonia IMMEDIATE CAUSE (o) DUE TO 4-6 days Conditions, if any, which gove Atelectasis of right lung rise to immediate cause (o). DUE TO tar use as the b Health priar ta b stating the underlying couse Pagm 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES KIK NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18) 20a. ACCIDENT WAS UNDERLYING [detached fite Dept. af 1 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) 20c. TIME OF INJURY Month, Day, Year Hour o.m. factory, street, office bldg., etc.) Nat While director, page 3 shauld be de shauld be filed with the State at work 19 **28** to 12/16 . 19 66 MONDECONOCIOS 22g. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR PHYS. M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) I. REUS. M.D. VA Hospital, Perry Point, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE THEREOF (County) 23g BURIAL, CREMATION, (Stote) ROPEMOVAL (SPELITY) Mt.Pleasant, Westmorland transfiguration Cem 25b. REGISTRAR'S SIGNATURE 24 PUNERAL DIRECTOR 250. REC'D BY REGISTRAR willes VR A15 (4) DATE DEC 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17039 CERTIFICATE OF DEATH contiticate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) the attending physician and campletely filled in by the funeral PLACE OF DEATH O STATE District of Columbia o. COUNTY Cecil MARY! AND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RJRAL and give nearest town) 13 Years Washington Perry Point d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? remave carbon papers Veterans Administration Hospital NO 3 NAME OF Lost 4 DATE Day Year DECEASED (Type or print) ISAAC HUMPHREYS DEATH December 22, 19 66 IF UNDER I YEAR | IF UNDER 24 HRS. 9. AGE (n years lost birthdoy) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH WIDOWED DIVORCED Male Negro 100 USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? INDUSTRY Washington, D.C. Laborer
13. FATHER 5 NAME USA ar remaya Unknown Unknown IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [(If yes give wor or dates of service) Address 16. SOCIAL SECURITY NO 17. INFORMANT PHYSICIAN: The law requires that the death signed by the atter burial-transit perm burial, crematian, c 217-54-9842 VA Hospital Records, Perry Point, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) POLINA DE Hays PART I DEATH WAS CAUSED BY: Bronchopneumonia, bilateral IMMEDIATE CAUSE (o) the hospital ar attending physician. **DUE TO** Arteriosclerotic Heart Disease with Years Conditions, if ony, which gave rise to immediate couse (a), Myocardial Fibrosis stating the underlying couse 10 FUNERAL DIRECTOR: After this certificate has been detached far use as the () Arteriosclerosis. Generalized Years PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES TO NO 205 DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg , etc.) Not While 1953 to 12/22 21. I certify that XI) (this haspital) attended the deceased fram_ 19.66, theucidischardoloss 11/5 22b. DATE SIGNED 22o. SIGNATURE MED.
DIRECTOR 12/29/66 22d ADDRESS 22c PHYSICIAN'S VAH Perry Point, Md. B. SINGH. M.D. director, shauld be 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE THEREO Baltimore National Baltimore, Md. 2Sb. REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR Willia Je Oudal Perryville, Md. DATE JAN 9



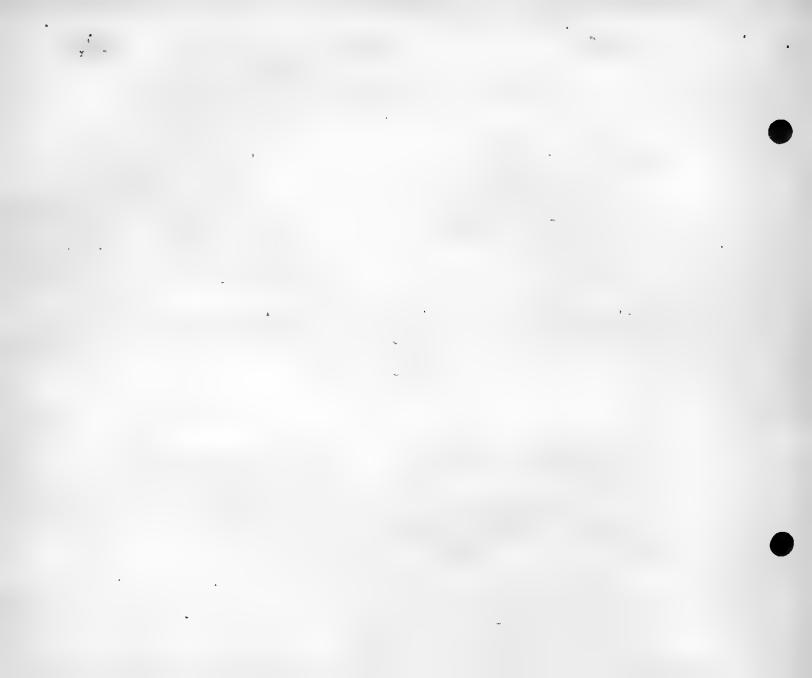
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Pages 1-and 2 urs after death hours after death. death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. CDUNTY b. COUNTY a. STATE Md . Ceci 1 Cecil MARYLAND b. CITY DR TOWN (if outside corporate limits, write RURAL and give pearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b d by the attending physician and completely filled in by transit permit. Then please remove carbon pagers. Pag cremation, or refrontal, and in any event, within 72 hours Conowingo Rural Conowingo Rural Years d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ACCRESS e. IS RESIDENCE DN A FARM? NO K YES executed within NAME DE OECEASED First Middle Last DATE Month Year Day DF DEATH John Irwin 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.

82 last birthday) Months I Dave William (Type or print) 6. COLOR OR RACE | 7. MARRIED | XI NEVER MARRIED 5. SEX OATE OF BIRTH 8. 4-15-1884 White Male WICOWEO DIVORCEO [10a. USUAL OCCUPATION (Give kind of work done | 1Db. KIND DF BUSINESS DR during most of working life, even if retired) | INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) that the death certificate be U.S.A. Electric Maintanies Cecil Co. Md. UO. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Irwin Louise Wolfe Fred 15. WAS DECEASED EVER IN U.S. ARMED FDRCES?
(Yes, no, or unknown) (If yes give war or dates of service) 17. INFORMANT Address 16. SOCIAL SECURITY ND. contwingo Md. 64-10-6367 wrs. John W. INTERVAL BETWEEN 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c) been signed by t the burial-transit or to burial, crema PART I. OEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) OUE TO Conditions, If any, which gave rise to immediate as the l DUE TO (a), stating the underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. for use Page 4 may be retained by use more for the Dreughest DIRECTOR. After this certificate director, page 3 should be detached for use director, page 3 should be detached for use director, page 3 should be detached for use director. PERFORMEO? YES NO F PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING IT DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING () CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 120e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While OR ATTENDING I at work at work p.m. Jec 21. I certify that (I) (this hospital) attended the deceased from A.M. from the causes and on the date stated above. saw the deceased alive and that death occurred at ATURE 22b. DATE SIGNED 22a. ATTENOING PHYS. MED. DIRECTOR M.D. PHYSICIAN'S NAME (Type) Ernest **AOORESS** 28 Cherry Rising Sun. Md. BURIAL, CREMATION, 23b. DATE THEREDE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 Port Deposit
REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 2-17-666 Harmony Chape 25a. (miles of 34) Rising Sun, Md VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17041 17037 CERTIFICATE OF DEATH completely filled in by the funeral lave carbon papers. Pages 1 and 2 y event, within 72 hours after death The low requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY District of Columbia Cecil. MARYLAND b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)

Perryville c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Years Washington, D.C. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? VA Hospital. Perry Point. Md. 3735 17th Place YES NO X 3. NAME OF Middle Lost 4. DATE Year DECEASED (Type or print) ALBERT B 19 66 LANGLEY DEATH December pleose remove cu 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (n years FUNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Days Hours M'n. WIDOWED 7-25-01 DIVORCED Negro Male 10o. USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State or foreign country) 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Baltimore, Md. Unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, WILLIAM LANGLEY CARRIE Unknown 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dates of service) Yes WW 217-54-7852 VA Hospital Records Perry Point, Md. cremation, 1B. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c)) INTERVAL BETWEEN burial-transit p PART I DEATH WAS CAUSED BY ONSET AND DEATH Asphyxia by aspiration of bolus of food into signed by t IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physicion. larynx Sudden DUE TO Conditions, if ony, which gove Schizophrenic reaction rise to immediate couse (a). DUE TO stoting the underlying couse **IO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Heolth prior to lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES KX NO 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m. factory, street, office bldg., etc.) ot work 21. I certify that the local attended the deceased from Nov. 25 , 1943 , to Dec. 23 1966, thirtixtitix/prodylast 22o. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR PHYS. PHYSI IAN'S 22d. ADDRESS NAME (Type) VAH., Perry Point, Md. BURIAL CREMATION DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Ft. Myers, Va. Arlington National **ADDRESS** 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Perryville, Maryland 196



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Cecil attending physician and completely filled in by the implicit Their please remove carbon papers. Pages, 1 n, ok removal, and in any event, within 72 hours after after MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b 24 hours 10 days Elkton near Glasgow. (Rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Union Hospital NO T YES executed within 3. NAME OF First Middle Last DATE Month Day Year DECEASED DF Dec. 19 66 Longer Dory (Type or print) DEATH 5. SEX AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED 文 last birthday) Months | Days Hours Male Aug.19, 66 Negro DIVORCED [WIDOWED 10a. USUAL OCCUPATION (Glya kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT PHYSICIAN: The law requires that the death certificate be the hospital or attending physician. COUNTRY? U.S.A. Laborer Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mollie Arland Andra Longer Addressin 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Oaks, Pa. (Yes, no, or unkown) | (Ifyes pive war or dates of service) been signed by the atters the burial-transit permits for to burial, cremation, or Katie Braymon-2401 Booker Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: crepral artery IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate age 4 may be retained by ure more than been FUNERAL DIRECTOR: After this certificate has been lirector, page 3 should be detached for use as the land he filed with the State Dept. of Health prior to DUE TO cause (a), stating the underlying cause last. CERTIMICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19. WAS AUTOPSY PERFORMED? NO I YES [20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter neture of Injury in Part I or Part II of Item 18.) WEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Ноиг а.т. While Not While at work at work 21. I certify that (I) (this hospitel) attended the deceased from 12-19 6 to 12 -27 1966, that (1) (we) last 14-1945 and that death occurred at 2 FAM, from the causes and on the date stated above. saw the deceased alive on 12-21-22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. MED. STAFF PHYS. 12-20-66 M.O. HOSPITAL 22d. ADDRESS PHYSICIAN'S director, p should be 1 NAME (Type) 23d. LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY (State 23a. BURIAL, CREMATION, 23b. DATE THEREOF Burlal (Specify) 2 Chester, Pa. Greenlawn Ce. 66 REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Poplar VR A15 (4) Ochorles Judge DATE 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17043 CERTIFICATE OF DEATH 17039O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death sty filled in by the funeral son papers. Pages 1 and 2 within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY o. STATE b. COUNTY Cecil MARYLAND l'aryl and Cecil b CITY OR TOWN (If autside carporate imits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) write RURAL and give negrest tawn) Elkton Elkton TTS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 525 North Street YES NO 3 325 North campletely fr NAME OF Middle 4 DATE Year DECEASED John F. Martin December in any event, (Type or print) 19 IF UNDER 1 YEAR | 1F UNDER 24 HR S SEX 6. COLOR OR RACE DATE OF BIRTH 9 AGE (In years 7. MARRIED **NEVER MARRIED** last birthday) Manths Male White WIDOWED DIVORCED 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY St. Clair. Pennsylvahia Auto Parts 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Susan Estoke Michael Martin TS WAS DECEASED EVER IN U.S. ARMED FORCE S? 17. INFORMANT 16. SOCIAL SECURITY NO Clair (Yes, na, ar unknown) (If yes give war or dates of service) Mrs. Elizabeth Weike 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burnal-transit p Arteriosclaratic Heart D. ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave (b) rise to immediate cause (a). DUE TO stating the underlying cause the Ir to WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION NO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20g ACCIDENT WAS UNDERLYING ... OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) factory, street, office bldg., etc.) Haur 'a.m. While Not While at work L **DIRECTOR:** After 21. I certify that (I) (this haspital) attended the deceased fram. 1960 to 12-8- 1966, that (1) twe) las be retained 1966, and that death occurred at 3 P. M. from causes and on the date stated above saw the deceased alive an_ director, page 3 sha should be filed with 22a, SIGNATUKE 22b DATE SIGNED ATTENDING DIRECTOR Dec. M.D 22d ADDRESS 22c. PHYSICIAN'S TO FUNERAL Sin erly Ave. Elkton. Johnson. 23a BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) REMOVAL (Specify) Inmaculate Conception Penns 25b REGISTRADE SIGNATUR 250. REC'D BY REGISTRAR DEC 1 IIS iton. DATE



	MA DIWISION OF STATISTICAL RES	RYLAND STATE DEI SEARCH AND RECORDS	, 301 W. PRESTON	HEALTH STREET, BALTIMORI	E 1, MARYLAND
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	b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside corporate limits, write	RURAL and give nearest town)
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	No. 2	iliospital, give street address)	d. STREET ADDRESS	<i>II</i> =	ON A FARM 2,-
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rest (Flasiles Eu	industry .dd Co.	est Vi	rginia	U.S.A.
13	. FATHER'S NAME		14. MDTHER'S MAIDE	N NAME	
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15 (Y	es, no, or unkown) (If yes pive war or dates of service)		INFORMANT	Address-	7 7 3
_			3. Alice T.	. Morran, Till	ton, 1.
	18. CAUSE OF DEATH [Enter only one cause pe		- beed-	,	ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:	ute coronary thi	CONDOB18	 	13 days
	Conditions, If any, which \ (b)				
	gave rise to immediate				
	cause (a), stating the DUE TO underlying cause last.				
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MEL	p.m. 19 at w	ork at work			
	21. I certify that (I) (this hospital) atters saw the deceased alive on Dec	nded the deceased from De	c. 19 , 19	66 to Dec. 31	, 19 <u>66</u> , that (I) (we) las
	saw the deceased alive on 22a. SIGNATURE	900 and that	death occurred at25	M, from the causes an	d on the date stated above
	22a. Standing	To	ATTENDING MI	ED. SIATE EST	12/1/87 SIGNED
	22c. PHYSICIAN'S	me, other M.D	1 22d. ADDRESS	RECTOR PHYS.	
	NAME (Type) S. Ralph Andre	ews, Jr., M.D.	22d. 33 E. Ma	in St., Elkton,	Md.
38	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME DF CEMETERY	DR CREMATORY	23d. LOCATION (City, town	or county) (State)
	BURLAL (Specify)	Union Math.	Cemetery	Union, Cec	il Co. Md.
24	they o bill. Co.	ADDRESS	25a. REC'I	- O LOSTE (KOL)	STRAR'S SIGNATURE
	Hicks I of Fund	ral's, Tlitton,	IId . DATEJAN	13 1967 gcc	The same



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Cecil a. COUNTY a. STATEMarvland Cecil sician and completely filled in by the flease remove carbon papers. Pages 1 and in any event, within 72 hours after MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b North East 3 days Elkton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) B. IS RESIDENCE d. STREET ADDRESS ON A FARM? 211 S. Main St. Union Hospital NO X YES NG PHYSICIAN: The law requires that the death certificate be executed within by the hospital or attending physician. NAME OF DECEASED 3. Month First Middle Last DATE Day MTLLTAM EARL REYNOLDS 1966% (Type or print) DEATH Dec. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED X NEVER MARRIED last birthday) Months White July 30, 1897 Male WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR INDUSTRY Cecil Co. Maryland Fireworks Machinist Page 4 may be retained by the hospital or accounts properly the attending phys GIPENERAL DIRECTOR. Efter this certificate has been signed by the attending phys director, page 3 should be detached for use as the burial-transit permit. Then plushould be filled with the State Dept. of Health prior to burial, cremation, or removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alphonsa Howell William T. Reynolds 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Addres211 S. Main St. (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Mary E. Reynolds 216-16-9372 North East, Md. No INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DEATH WAS CAUSED BY: arteria **DUE TO** Conditions, if any, which cerebra VOLEANIO (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last, CERTIFICATION 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED? diabeter me liture. YES | No X 208. ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While OR ATTENDING at work at work 8-21 1964 to 12-23 , 19 64, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from 19 66 and that death occurred at 1 9 M. from the causes and on the date stated above. 12-23 saw the deceased alive on 22b. DATE SIGNED SIGNATURE 22a ATTENDING T MED. DIRECTOR STAFF PHYS. 12-26-66 M.D. HYSICIAN'S NAME (Type) 22d. ADDRESS 4 Mauldin Ave. 22c. North East. Md. Jay S. Barnhart Jr. BURIAL CREMATION, REMOVAL (Specify) Burial 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 36. DATE THEREOF 12/28/66 Principio Furnace, Md. Principio Methodist Cem. REC'D BY REGISTRAR | 250. REGISTRAR'S GIGNATURE 24. FUNERAL DIRECTOR Grant Funeral Worth East, Mi. VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH

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	MEDICAL	Hour on	1.	While of work	- Met While -		ry, street, affice bldg., etc.)				` '
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OR:			cebrady adjutex day CX	XXXXXX	CXXXXXXXX an	d that	death accurred at	2:00a.M, from			
(I) (I) (S)	A	220 STONATURE	le Ko SU	ncia	(MI)	M.D	1 ******	MED. DIRECTOR D S	TAFF XXX	22b. DATE SI	GNED
0	ľ	22c. PHYSICIAN S NAME (Type)					22d. ADDRESS	*	-		
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TO HOSPITAL OR Page 4 may be r TO FUNERAL DIRE director, page 3 shauld be filed v	230	REMOVAL (Specify	N, 23b DATE THE	REOF	23c NAME OF CEMETE			23d LOCATION	, ,	(Cavi	nty) (Stote)
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VR A15 (4) 20 M 1/66	Z4	FUNERAL DIRECTO	start In	en /	and the	ale	m) DEC	28 1966	geli	arley	Judge.

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17048 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 haurs after death physician and campletely filled in by the funeral en please remave carban papers. Pages I and (v), and in any event, within 72 haurs after death i. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY Cecil a. STATE b. COUNTY Maryland Cecil **MARYLAND** b CITY OR TOWN (If autside carparate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 24 days North East Perryville d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS YES 🔲 NO 🕱 VAH Perry Point, Md. 3. NAME OF Middle Last 4. DATE Doy Yeor DECEASED 0F (Type or print) Russell December 10 Edward DEATH 9 AGE (In years F UNDER 1 YEAR S SEX 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** B. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months Days Haurs 3-26-93 White WIDOWED DIVORCED Male 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) 10g. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR Clay Mining COUNTRY? during most of working life, even if retired) Cecil Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Matthew Russell Rebecca Smith IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates af service) 563-07-921.6 VA Hospital records. Yes WW Perry Point, Md. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) burial-transit PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) signed by DUF TO burial. Canditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse Page 4 may be retained by the hospital or attending as the has been WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) USe Health NO F nemia this certificate 5 205 DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED foctory, street, affice blda, etc.) Not While at work TO FUNERAL DIRECTOR: After shauld be . 19 66, to 12-10 1966, жыхнароворожной 11-19 21. I certify that (I) (this haspital) attended the deceased fram_ especial control of the control of t 220. SIGNATURE 22b. DATE SIGNED ATTENDING 12 10 66 DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) VA Hospital - Perry Point, Md. directar, p 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BUSINY FEMATION 23b DATE TY ERECT / 66 (County) (State) Bayview Cemetery Bayview, (North East)Md 25b REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 1 20 M 1/66 1956 GRANTS FUNERAL HOME, North East, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17049 death. The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) and campletely filled in by the funeral remove carban papers. Pages I and in any event, within 72 haurs after deat 1 PLACE OF DEATH a. COUNTY b. COUNTY Maryland Cecil MARYLAND b CiTY OR TOWN (If autside carparate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore days Perry Point d STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 402 W. Pratt Veterans Administration YES 🗍 NO X 3. NAME OF Middle DATE Month Doy Year Last DECEASED December 8 66 10 Michael SEAMAN. DEATH (Type or print) IF UNDER 1 YEAR 9 AGE (In years IF UNDER 24 HRS S SEX 6 COLOR OR RACE X DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthday) Months Days Hours White M WIDOWED DIVORCED 1-22-11 10n USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working ite, even if retired)

Pipefitter pledse COUNTRY? INDUSTRY Hazleton, Pa. 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME the attending play Mary Serbock ar remava Andrew Seaman IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates of service) VAH, Perry Point, Maryland VA Records 21.3205099 Yes INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) Broncopneumonia Bilateral burial-transit 1- ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) DUE TO 4-7 days Congestive Heart Failure Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause Page 4 may be retained by the hospital ar attending priar to Arteriosclerotic Heart Disease Unknown TO FUNERAL DIRECTOR: After this certificate has been as the WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? USe YES 🔀 NO F Б 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c TIME OF INJURY Month, Doy, Year factory, street, affice bldg., etc.) Nat While 19 at wark 19 66-that 411-(we) day 12-8 12-5 19 66 ta 21. I certify that (I) (this haspital) attended the deceased fram. mental determined as the date stated above. 22b. DATE SIGNED 22a. SIGNATURE 12 10 66 ATTENDING M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S SEKMOUR GOLDGRABEN JMD. NAME (Type) VAH Perry Point, Md. directar, shavid b 23g. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) Long Island N.Y. REMOVAL (Specify)
Removal Long Island National 12 10 66 2Sq REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR Marian VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, 1, MARYLAND 7 CERTIFICATE OF DEATH funeral and 2 24 hours after death. PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY the 1 es 1 C/L MARYLAND Pages b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b ve carbon papers. Pag event, within 72 hours write RURAL and give nearest town) ۳ 0 M d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled a. IS RESIDENCE ON A FARM? NO X YES within completely 3. NAME DE Middle DATE Mon th Year Day DECEASED DEATH (Type or print) ما ما 19 Dec. executed 6. COLOR OR RACEU DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS геточе MARRIED NEVER MARRIED last birthday) Months I Days Hours any and WIDOWED [DIVORCED ing physician a .= 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) and TOWN PHYSICIAN: The law requires that the death certificate FATHER'S NAME MOTHER'S MAIDEN NAME he attendir permit. T 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) | (If yes give war or dates of service) been signed by the attraction the burial-transit permits or to burial, cramation, (CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN **ONSET AND DEATH** PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? for use Health use certificate NO TO YES [this cerum detached for 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of intury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, I 20f. (City or town) (State) (County) factory, street, office bldg., etc.) State Hour a.m. While Not While After þe ATTENDING p.m. 19 at work at work P 1966 19 Le that (II) (we) last the 21. I certify that (1) Ithis hospital) attended the deceased from DIRECTOR: age 3 should iled with the and that death occurred a Cook from the causes and on the date stated above. saw the deceased alive on 19 INNATURE 22b. DATE SIGNED 228. page filed ATTENDING PHYS. MED. STAFF M.D. may TO HOSPITAL FUNERAL 22c. ICIA 22d. ADDRESS PH' director, p should be Page 4 BURIAL, CREMATION, REMOVAL (Specify) 23b. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23c. 2 REC'D BY REGISTRAR 25b. VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17051 CERTIFICATE OF DEATH and Completely filled in by the funeral remaye carbon papers. Pages 1 and 2 n any event, within 72 haurs after death. executed within 24 haurs after death USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY Cecil District of Columbia b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, r LENGTH OF STAY IN 16 write RURAL and give nearest town)
Perry Point Washington 3 days d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 707 E. Capitol Street VA Hospital YES NO X NAME OF Middle 4. DATE First Lost Dov DECEASED Willis Jarrell. Sherman DEATH December (Type or print) 9 AGE (In years lost birthdoy) IF JNDER 1 YEAR IF UNDER 24 HRS S. SEX 6 COLOR OR RACE 7. MARRIED XX 8 DATE OF BIRTH **NEVER MARRIED** Months Doys Hours White August 2, 1884 Male WIDOWED DIVORCED and in any 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) INDUSTRY during most of working life, even if ret red) COUNTRY? please County unknown - Georgia U.S.A. law requires that the death certificat Grocery Meat Cutter 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME signed by the attending phy burral-transit permit. Then Unknown Jenny Stencil 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes give wor or dotes of service)

YES

LIJJ T 16. SOCIAL SECURITY NO 17. INFORMANT 577u09-7128 VA Hospital Records, Perry Point, Md. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) 2 days PART I. DEATH WAS CAUSED BY: Bronchopneumonia of both lower lobes IMMEDIATE CAUSE (o). 4200 DUE TO Arteriosclerotic Heart Disease, severe Conditions, if only, which gove Many years rise to immediate couse (a), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been Transtrochanteric fracture of left hip lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPS' PERFORMED? YES X NO the hospital ar 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) 200 ACCIDENT WAS UNDERLYING ... OR CONTRIBUTING CAUSE OF DEATH etached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg., etc.) Not While pe 21. I certify that (1) XIXIX KXXXIXIX attended the deceased from 19 66 to 1966. DRADERICKWEITSTART 22b, DATE SIGNED 22o. SIGNATURE 12-18-66 DIRECTOR page 3 22d ADDRESS 22c. PHYSICIAN'S J.BORGES, M.D. VICTOR VA Hospital, Perry Point, Md. NAME (Type) director, shauld b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIA, CREMATION. 23b. DATE THEREOF (County) REMOVAL (Specify) Prince George Co Md Fort Lincoln 250. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND					
E 75.75	17052 CERTIFICATE OF DEATH 17047					
death.	1. PLACE OF DEATH 2 HISTORY (Where decreased lived if institutions Recidence before admission					
24 hours after death filled in by the funeral papers. Pages 1 and 2 in 72 hours after death	a. COUNTY Cecil MARYLAND a. STATE Md. b. COUNTY Cecil					
aft y th ges aft	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)					
urs Pa ours	Elkton Fredricktown					
ed i ers. 72 h	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?					
icate be executed within 24 hours after physician and completely filled in by the in please remove carbon papers. Pages 1 val, and in any event, within 72 hours after	Union Hospital					
requires that the death certificate be executed within ding physician. been signed by the attending physician and completely the burial-transit permit. Here phease remove carbon put to burial, cremation, or removal, and in any event, within	3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year DF					
d w mple car	(Type or print) JOHN WESLEY STANLEY DEATH December 29, 19 66					
col col ve	5. SEX 6. CDLDR DR RACE 7. MARRIED NEVER MARRIED 8. DATE DF BIRTH 9. AGE (in years IFUNDER 1 YEAR IFUNDER 24 HR3 Iast birthday) Months Days Hours Min.					
and and any any	Male Colored WIDDWED DIVDRCED November, 22, 1902 64 yrs.					
se d	10a. USUAL DCCUPATION (Give kind of workdone 10b. KIND DF BUSINESS DR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
ysic ysic plea yan	Farm Labor Farming Md. U.S.A.					
certifica fine of removal	13. FATHER'S NAME					
entification of the second of	Fred D. Stanley Gertie Bowers.					
o in the o	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 220~01~0630 Mary Garnett. Georgetown, Md. 21930					
dea'	The state of the s					
uires that the death cer 3 physician. In signed by the attendig burial-transit permit.	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: MINI 1 1 1 1 2 MY 1 1 1 1 2 MY 1 1 1 1 2 MY 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
lat 1 Sian. Sid b tran cra	PART I. DEATH WAS CAUSED BY: Multiple Myeloma. One yr					
s the	Conditions If any which is					
and o	Conditions, If any, which gave rise to immediate (b)					
requir Iding p been the bl	cause (a), stating the DUE TO underlying cause last,					
The faw requires that to a stending physician cate has been signed by use as the burial-tran ealth prior to burial, cre						
or a ate ate alth	PERFORMED?					
Tat of the First	Ampuation of right arm for gangrene with pulm embolism . YES X NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HDW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)					
PHYSICIAN: The faw require the hospital or attending this certificate has been detached for use as the been bept, of Health prior to the pept.						
HYS he h this etac Dep	20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State)					
Ser t	20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, factory, street, officebidg., etc.) Hour a.m.					
ed by Aff	21. I certify that (I) (this hospital) attended the deceased from 12 Dec , 1969, to 29 Dec 669 , that (I) (we) las					
tain TOR: Hour	saw the deceased alive on 29 Dec 66 19 , and that death occurred 11.00, from the causes and on the date stated above					
AT A	22a. SIGNATURE 22b. DATE SIGNED					
y by by age	M.D. ATTENDING DIRECTOR STAFF 30 Dec 66					
RAL F. p	22c. PHYSICIAN'S NAME (Type) Wallace Obenshain MD. 22d. ADDRESS Cecilton, Md.					
TO HOSPITAL OR ATTENDING PHYSICIAN. T Page 4 may be retained by the hospital of FUNERAL DIRECTOR: After this certific director, page 3 should be detached for should be filed with the State Dept. of He						
Sho dir	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATDRY 23d. 10cation (city, town or county) (state) Burial 1 Pond, Kent Co; Md.					
	BurfaT** Jan, 3.1967 Still Pond Cemetery. Still Pond, Kent Co; Md.					
VR A15 (4)						
3017 1/42	Edward Fellows, Millington, Md. 21651 DATE JAN 4 1967 Ocharles Outer					

BETTER BUSINESS FURMS, INC., BALTIMURE, MU. 21201





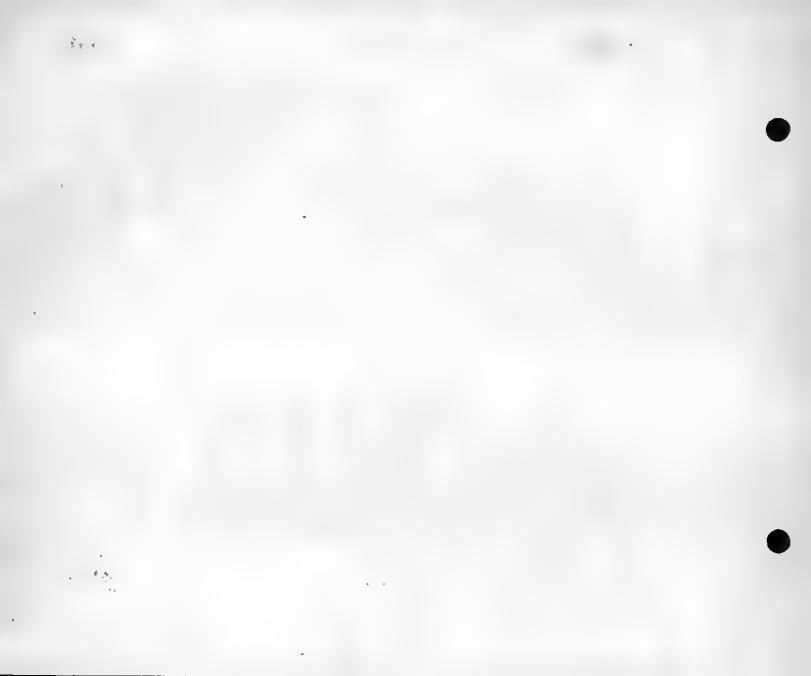
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17054 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death. eath. and campletely filled in by the funeral remave carban papers. Pages 1 and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY o. STATE b. COUNTY le F MARYLAND c LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) please remave carban papers. Pac IS RESIDENCE ON A FARM? d NAME DE HOSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS YES 🗍 ND Z NAME OF Middle 4 DATE First Last Month Year Doy OF 19 DEATH (Type or print) F LINDER 1 YEAR IF UNDER 24 HRS < CFX AGE (n veors 6 COLOR DR RACE 7. MARRIED NEVER MARRIED lost birthday) Months Dovs Hours WIDOWED DIVDRCED TDo USUAL DCCUPATION (Give kind of work done ĭDb KIND DE BUSINESS DR 11. BIRTHPLACE (County & Stole, or foreign country) 12 CITIZEN OF WHAT COUNTRY? durang most of work no life, even if retired) INDÚŠTRY 13. FATHER'S NAME 14 MOTHER S MAIDEN NAME the attending passit permit. The WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) IB. CAUSE OF DEATH (Enter only one couse per line for (c), (b), and (c).)
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN burnal-transit ONSET AND DEATH IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse haspital ar attending as the TO FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART IT DITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use ND 🔀 YES 26b, DESCRIBE HDW INJURY DCCURRED, (Enter noture of injury in Port I or Port II of Item IB.) 20o ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De PLACE DF INJURY (Home, form, (City or town) (Stote) TIME DF INJURY Month, Day, Year 2Dd INJURY DCCURRED (County) Not While factory, street, office bldg. etc.) at work be retained by 1962, to 2 Dec _, 19<u>66</u>, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased fram. 30 1200 19.66, and that death accurred at 7.20 P.M. fram causes and an the date stated above. saw the deceased alive an_ 22n. SIGNATURE 22b DATE SIGNED ATTENDING DIRECTOR M.D. director, page 3 should be filed v 22d ADDRESS 22c PHYSICIAN'S NAME (Type) Russell G. Doyle 23c NAME OF CEMETERY DR CREMATDRY 23b DATE/THEREON 23d LOCATION (City or Jown) (County) (Stote) 230 BURIAL CREMATION. -REMDVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1966



7 *	1 mby		MARYLAND STATE Division of STATISTICAL RESEARCH AND RECOR	DEPARTMENT OF HEALTH
,	FOR STATE		17055 MEDICAL EXAMINER	DS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2'S CERTIFICATE OF DEATH 17050
	HEALTH DEPTH	=	PLACE OF DEATH	La House protopy of Alders described the Management of the Managem
	28.5	17	. COUNTY	2. USUAL RESIDENCE (Where daceased lived, if institution, Residence before admission e. STATE b. COUNTY Hariord
	0 0 2	1—	CITY OR TOWN (if outside corporete limits.	
	d in necess il director. P for your file Department death.	_ ا	write RURAL and give nearest town)	
	a) in nector for your Departmedeath.	-	I. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	Edgewood d. STREET ADDRESS e. 15 RESIDENCE
- 4		16	NION HOSPITAL	337 McCann Street
		3.	NAME OF First Middle DECEASED	Last 4. DATE Month Dev Year
	h. If ar to the se reti the the hours	1	(Type or print) ALICE M. 18	TEODORE DECEMBER 6 1961
	the Mild who	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	, 5 5 0 5	1	ENALE WHITE WIDOWED DIVORCED	1-14-39 Jast birthday) Months Days Hours Min.
	affer 2, a within	10s do	USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUS to during most of working life, even if relired)	TRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY
	S S S S S S S S S S S S S S S S S S S		VSPECTOR MUNITIEDS	MARYLAND
	4 9 5 5	13.	FATHER'S NAME C.	14. MOTHER'S MAIDEN NAME
	Gin 2	18	WILLIAM LATHAN	ANNA CI LONG
	### 188.	(Ye	WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. no, or unknown) (Ifyasgivewerordohasofaervice)	INFORMANT Address
	with with permi		No 219-36-1406 5	HOSP RE-GORDS
	U = co to M		PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND SEATH
	T U m C E		IMMEDIATE CAUSE (a)	N-1-07
	should be exe. g" in pencil in 's Office along a burial-transi		Conditions, if any, which) (b)	E BODY /1400s
	გელა ო <u>ი</u>		gova rise to immediata cause	
	icate endir niner sd as		(a), slating the underlying sause last.	
	certificate d "pendin Examiner se used as al, cremat	징		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19, WAS AUTOPSY
	his ce word lical E ild be burial	CERTIFICATION		PERFORMED? YES NO V
	_ * 5 5 4	KTIFF	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Pert I or Pert II of item 1B.)
	HE STATE OF	I - I		TLDHERE SHE NOLKED
	EXAMINER: othe Chief Me E. Page 3 sho	MEDICAL	20c. TIME OF INJURY Month Day, Year 2Dd. INJURY OCCURRED 20c. Pl	LACE OF INJURY (Home, Iarm, 20f. (City or town) (County) (Stele) ectory, street, office bldg., etc.)
	te, the	ME	Hour work 3/5 1/19 // all work of work Ac	DRY WORTHEAST CELL MA
	7.5 20 2		21. I certify that I took charge of the remains described above, I	held an Autopsy Inspection Inquiry and in my opinion
	MECCAL EX te the certificate forwarded to th L DIRECTOR: costiguated age		death resulted from: Natural causes , Accident , Sui	icide Homicide Undetermined manner
	The the DIR	١.	ACTUAL	CHIEF MEDICAL EXAMINER
	및 등유니 N		SIGNATURE	M D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
	P S S S S S S S S S S S S S S S S S S S		EXAMINER'S HENRY DAVIS	DEPUTY MEDICAL EXAMINER TO TOWN MEDICAL EXAMINER TOWN MEDICAL EXAMINER TO TOWN MEDICAL EXAMINER TO TOWN MEDICAL EXAMINER TOWN MEDICAL EXAMINER TO TOWN MEDICAL EXAMINER TOWN MEDICA
	DEPUTY Mease execute should be for PUNERAL PUNERAL	220	BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY	
	TO DEPUTY please exect 4 should be TO FUNERA Health or it		REMOVAL (Specify) Dec. 8, 1966 Trinity Luther	ran Cemetery Joppa Harford Md
	0		FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 246. REGISTOAR'S SIGNATORE
	VR A15ME		ioward K. McComas & Son, Abingdon, Md.	
	. 6			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 18063 HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, funstitution Residence before admission) a. COUNTY o. STATE 5. COUNTY delay is and 3 to P.M.3. Page CECTL Maryland Cecil MARYLAND with the Stote Deportment c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town) E1kton E1kton d NAME OF HOSPITA. OR INSTITUTION (If not in haspital, give street address) d STREET ADORESS e IS RES DENCE ON A FARM? Office olong with form 102 Stockton Street Item 18 Give Poges NO K 102 Stockton Street This certificate should be executed within 24 hours ofter death NAME OF Middle First 4 DATE Month Year DECEASED OF DEATH TOY (Type or print) MALLORY 31, 19 66 PACEN December IF UNDER 1 YEAR 6. COLOR OR RACE AGE (In years IF UNDER 24 HRS. 8 DATE OF BIRTH 7 MARRIED NEVER MARRIED last birthday) Months Davs Haurs deoth Male. White WIDOWED DIVORCED 10g USLAL OCCUPATION (Give kind of work done 10b KIND OF BLSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if ret red) INDUSTRY COUNTRY? Marrilan. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in penal Examin in ony event within 72 15 WAS DECEASED EYER IN L. S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO the Chief Medical (Yes, ng. gr unknown). Alf yes give war ar dates of service Mapth East. Fields. "Irs. Pearl INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE (AUSE (a) Arteriosclerotic cardiovascular disease writing the word DUE TO Conditions, if any, which gave (b) forwarded to nse to immediate cause (a), DUE TO stoting the underlying couse Inst pe nsed 19 WAS AUTOPSY PERFORMED? removol, PART II OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERT F CATION the cert ficote, YES X NO should be 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 8) 3 should cremot on, or PRIMARY [] or CONTRIBUTING [CAUSE OF DEATH MEDICAL 20c TIME OF INJURY Month, Day Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Hame, form, 201 (Caunty) (State) Not While Hour om foctory street office bldq, etc.) may be retained for your FUNERAL DIRECTOR: Poge of work 21. I certify that I tack charge of the remains described above, held an Autopsy [X]. Inquiry Inspection [and in my opinion Health prior to burial, Natural causes X Accident Suicide [deoth resulted from the funerol director. Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER X SIGNATURE O DEPUTY DEPUTY MED.CA. EXAMINER January 1, 1967 **EXAMINER'S** Charles S. Springate, M.D. NAME (Type) Address (Street, city, town, or county) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23g BUR AL CREMATION 23d LOCATION (City or Town) (County) (State) 2 REMOVAL (Specify) "d. Cocil Pethel Cemater 25a REC D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE 24. FLINERAL DIRECTOR VR A15ME (5) 6M 1/67

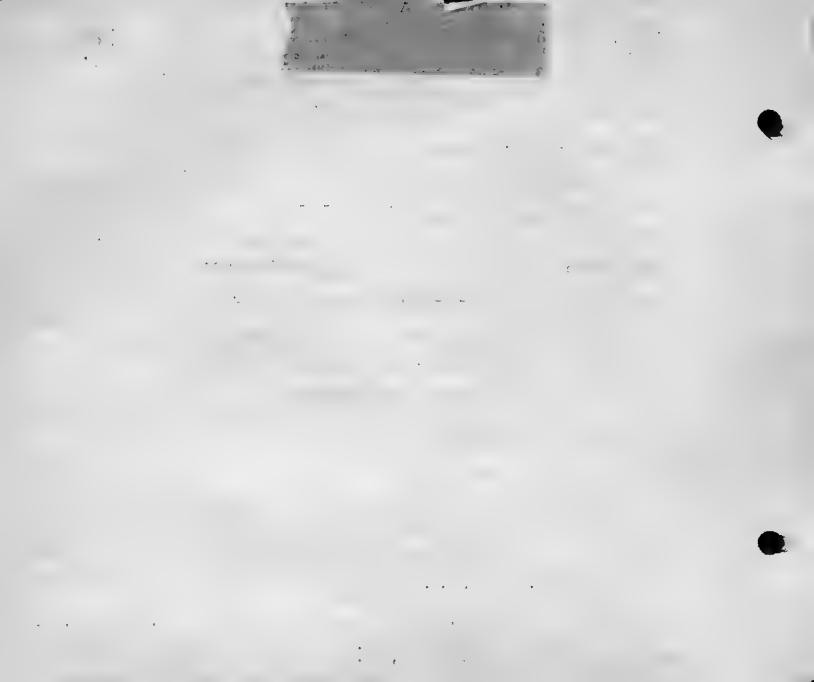


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17057 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased I ved, if institution: Residence before admission) o COUNTY o STATE **b.** COUNTY Page Ceci1 MARYLAND Marvland Cecil State Department b CITY OR TOWN (if outside corporate imits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) P.M3. F 7 Day Elkton Elkton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Office along with farm Series . ON A FARM? Item 18 Give Pages 106 Mitchell St. YES NO X Union Hospital haurs after death NAME OF Middle 4 DATE First Month DECEASED with the (Type or print) DEATH 12 19 19 66 Frank Trautman S SEX 9 AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE **B** DATE OF BIRTH NEVER MARRIED lost birthdoy) Dovs Hours WIDOWED DIVORCED event male white 100 USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (Stote or fore an country) 12 CITIZEN OF WHAT dering most of working life, even fretired)
Forman RIIR Corp NDUSTRY Electric Motors COUNTRY? U.S.A. pages l in any e Penna. pencil i 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within Frank Henry Trautman Annie Bard pup 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO 17. INFORMANT Address 106 Mitchell (Yes, no, or unknown) (Iff yes give war or dates of service Yes 9/13/20-7/4/ ar remayal, 161-03+0074 Ruth N. Trautman Elkton, Md. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease ONSET AND DEATH IMMEDIATE CAUSE (o) e, writ ng the ward farwarded ta the Cl This certificate should crematian, DUF TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse 0.5 buriat, c WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES X NO please execute the certificate. 5 may be retained rat year. The FUNERAL DIRECTOR: Page 3 shauld be Health or its designated agent, priar to 200 EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of mury in Port or Port II of Item 18.) CAUSE OF DEATH 20c T ME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, form, (City or town) (County) (Stote) factory, street, office bldg , etc } Not While ot work of work 21. I certify that I took charge of the remains described above, held on Autopsy [x], and in my opinion Inspection | Inquiry [Notural couses Accident Suicide . deoth resulted from Homicide Undetermined monner the funeral directar CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER 12/20/66 **EXAMINER'S** Werner U. Spitz, M.D. Address (Street city town, or county) 23b. DATE THEREOF 23d LOCATION (City or Town) BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY (County) 12/22/66 Elkton Cemetery Elkton C ecil Md. 24 FUNERAL DIRECTOR 250 REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 1966 VR A15ME (Š)

MARYLAND STATE DEPARTMENT OF HEALTH



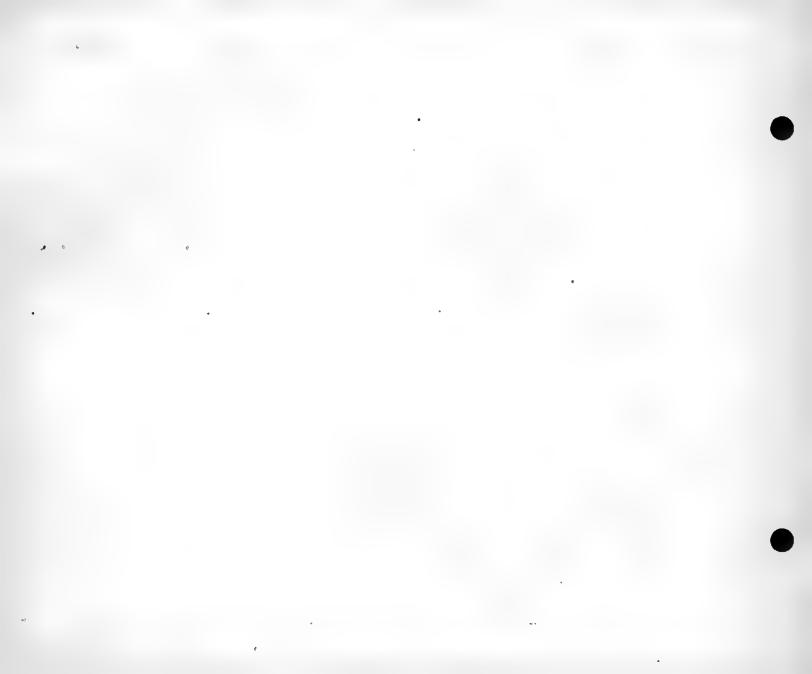
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased | ved, if institution: Residence before admiss.or) I. PLACE OF DEATH e. COUNTY b. COUNTY Mercer Cecil MARYLAND Pennsylvania b. CITY OR TOWN (if pulside corporate limits. E. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) Sharon Perryville d NAME OF HOSPITAL OR INSTITUTION (if not in haspite), give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO TE 473 Prindle Street VAH Perry Point, Md. DATE 3. NAME OF M ddle Month DECEASED White Anthony December DEATH (Type or print) 19 66 6. COLOR OR RACE 7. MARRIED THEYER MARRIED B. DATE OF BIRTH AGE (In years HE JNDER 1 YEAR IF JNDER 24 HRS. lest birthdey) Months | Days WIDOWED . Male 10e. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY. 11 BIRTHPLACE (Slete or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired Taborer Pennsylvania LISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Catherine Demarco Thomas White 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or dates of service) VA Hospital recores 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: MAS CAUSE (e) Severe crush injuries to chest, neck & head DUE TO resulting in multiple fractures of upper spine (b) Multiple fractures of ribs, bilateral Conditions, if any, which geve rise to immadiata cause , writing the word "pending to Chief Medical Examiner's Page 3 should be used as a DUE TO (a), stating the underlying (c) Fracture of base of skull PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPS CERTIFICATION PERFORMED? 200. EXTERNAL CAUSE WAS PRIMARY PS or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRISE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Part II of Item 18.) peceased was run over by a lus 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg., atc.) While Not While @ 1966 at work at work erry Point Screet DIRECTOR 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry y and in my opinion Inspection | | Undetermined manner death resulted from: Natural causes Accident IV Suicide Homicide CHIEF MEDICAL EXAMINER should be forward to the should be forward to the should be forward to the should be s ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER 12-12-66 Rolando A. Najera, M.D. Address (Street, city, lown, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) St. Mary's Cemetery Hickory Twnsp. Mercer Pa E40 9 240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATUR ADDRESS Perryville, Md. for 5M 7/59 Funeral Home Sharon Pa-



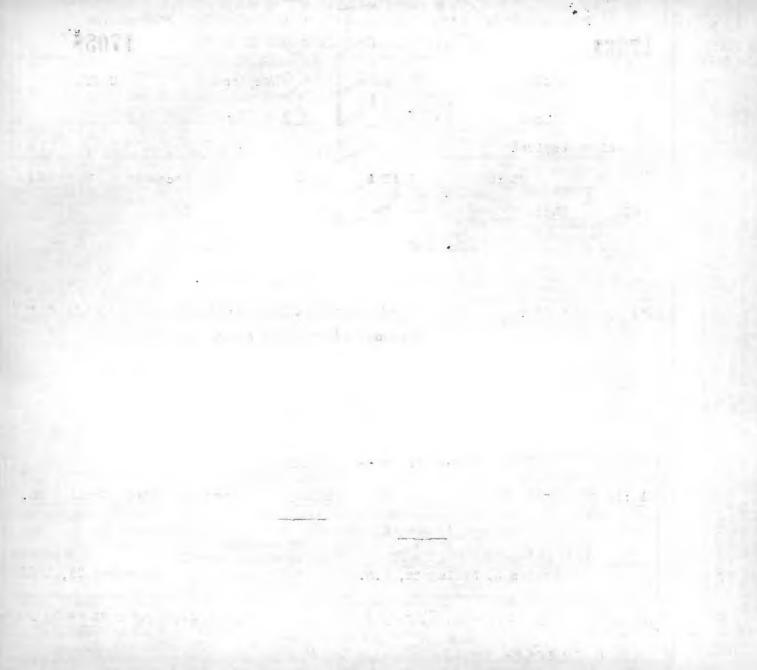
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17059 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lead, if institution Residence before admiss an a. COUNTY a. STATE b. COUNTY Poge CECIL of deoth. Maryland CECIL MARYLAND e State Department 72 hours ofter dea b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c CITY OR TDWN (If outside corparate limits, write RJRAL and give nearest town) C LENGTH DE STAY IN 16 Elkton d NAME OF HOSPITA. DR INSTITUTION (If nat in haspital, give street address) e IS RESIDENCE d. STREET ADDRESS Chief Med col Examiner's Office along with form ON A FARM? Union Hospital in Item 18 Give Poges R.D. Locust Point Road YES NO IX 3 NAME OF First 4. DATE Manth DECEASED 22 w.tb.n (Type or print) BARBARA WILSON December 19 66 MAE DEATH F UNDER 1 YEAR S SEX IF UNDER 24 HRS. 6. CDLOR OR RACE 8 DATE OF BIRTH 9. AGE (In years 7 MARRIED NEVER MARRIED last birthday) Months Days Female. White WIDOWED DIVDRCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUS NESS DR (State or fareign country) 12 CITIZEN OF WHAT during mast af warking life, even if retired) page i HOUSEWIFE
13 FATHER'S NAME WILKEING TON pencil within BEATRICE 17 INFORMANT NOW F le and CLARENCE B. SWEETMAN be executed (Yes, ng, or unknown) (fiyes a ve war ar dates of service) or removol. ELMER 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY. Multiple traumatic injuries s o burnal-tra cremotion, o writing the word This certificate should DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying cause PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPS PERFORMED? YES X NO 0 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) bloods CAUSE OF DEATH Passenger in head-on collision 20d INJURY OCCURRED P. 20e P.ACE OF INJURY (Home, farm, 20f (City or fown) (County) 20c TIME OF INJURY Month, Day, Year (Stote) Nat While factory, street office bldg, etc.) 12-22 1966 east of Elkton at work at work highway Cecil. Md. 21. I certify that I took charge of the remains described above, heid an Autopsy XI. Inspection . Inquiry . and in my opinion Suicide Undetermined manner Acadent X death resulted from. Natural causes . Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X Health or its SIGNATURE TO DEPUTY Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER December 23, 1966 **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23d LOCATION (City or Town) (E. C. ASSUNTY) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, 50 BURIAL (Specify) FHES APLAKE 24 FUNERAL DIRECTOR VR ATSME (S)



_	items 18%21 Film 384				
Kn A	Division of STATIST	ICAL RESEARCH AND RECORDS, 30	DI W. PRESTON STR	EET, BALTIMORE, MARYLI	AND 21201
FOR STATE	17060	MEDICAL EXAMINER'S	CERTIFICATE C)F DEATH	17054
MEALTH DIPT.	1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution	n. Residence before admission)
of ge	° COUNTY Cecil	MARYLAND	o STATE Mary	land b (OUN)	Y Cecil
delay and 3 t M3. Pag rtment c	b CITY OR TOWN (foutside corporate limits	C LENGTH OF STAY IN 16	c CITY OR TOWN (If a	uts de carporate limits, write RURI	(L and give nearest tawn)
2, and 3 to PM3. Page portment of after death.	write RURAL and give necrest town) E1kton	D.C.A.	Ches	apeake City	i j
F (2) (2, 15)	d NAME OF HOSPITAL OR INSTITUTION (If no	t in hospito, give street oddress)	d. STREET ADDRESS		e IS RES DENCE ON A FARM?
ofter deoth If Jay delay is 8. G ve Pages 1, 2, and 3 to along with form PM3. Page with the Stote Department of within 72 hours after death.	Union Hospital				YES NO X
Sto Sto	A3. NAME OF		Lost	4 DATE Month	Doy Year
de F	DECEASED (Type or print) ELMER	BLAINE	WILSON	OF DEATH 12	28 19 66
Jong #	5 SEX 6 COLOR OR RACE	7 MARRIED NEVER MARRIED	8 DATE OF BRTH	9 AGE (In years	F UNDER 1 YEAR IF UNDER 24 HRS
75 o 18.0	Male White	WIDOWED DIVORCED	June 24, 19	13 53 birthdoy)	Months Doys Hours M-ri
thin 24 hours of them 18 miner's Office of miner's Office of poges lond 2 with any event vin any eve	10o USUAL OCCUPATION (Give kind of work done during most of working 1 fe, even if retired)	10b KIND OF BUSINESS OR	11 BIRTHPLACE (Stote	or foreign country)	12 CTIZEN OF WHAT
24 1 is C is 1	Accountant	INDUSTRY Tax Work	Salisbu	ry, Md.	COUNTRY
iner iner iner	13 FATHER S NAME		14. MOTHER'S MAIDEN	NAME	
d with In pen Exam File p	Elmer B. Wilson		Lula Wi	lson	
ed in the Francisco	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes or	16 SOCIAL SECURITY NO. 17	INFORMANT	Addres	5
adica dica ova	no	220-01-9146	Dais y May	Wilson Ches	City Md.
end Me Me t pe	18 CAUSE OF DEATH (Enter only one cou-	se per ine for (a), (b) and (c).)			INTERVAL BETWEEN ONSET AND DEATH
be "p	I IMMEDIATE CAUSE (Arterioscleroti	c cardiovas	cular disease	ONSET AND DEATH
on,	4221 DUE	то			
sho e w o th ouri	Fire to immediate course (n)	(b)			
o the crem	stoting the underlying couse DUE				
ufrice iring arde ol, o		(c)			100
This certificate should be executed within 24 hours offer death cate, writing the word "pending" in pencil in Item 18. G ve Page be forwarded to the Chief Medical Examiner's Office along with the forwarded so buriol-transit permit. File pages lond 2 with the State is buriol, cremation, or removal, and in any event within 72 had	PART 1 OTHER SIGNIFICANT CONDITIONS CO	OTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ND TON GIVEN IN PART I(o)	19 WAS AUTOPSY PERFORMED? YES X NO
fical fical be d b	200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING	20b DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in	Part For Part II of item 18)	
INER: 1 The certification of the should be files. 3 should be strict, prior	CAUSE OF DEATH.				
O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death 1f unecessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form 5 may be retained for your files. D FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Deli Health or its designated agent, prior to buriol, cremation, or removal, and in any event within 72 hours in the state of the continual pending and the continual pendin	20c TIME OF IN.JRY Month, Doy, Year Hour o m.		ACE OF INJURY (Home, farr ctory, street, off ce bldg , etc.		(County) (State)
EX Poge to the ted	21. I certify that I took charge	of the remains described above, h	eld an Astansv (x).	Inspection , Inqui	ry , ond in my opinion
exe or. F d fo TOR			icide , Homicide		
ose recto inerio	/ 1/ 10		CHIEF MEDICAL		
ME pleo pleo l dire	ACTUAL SIGNATURE	illumente	M.D. ASSISTANT MED	DICAL EXAMINER THE	22. DATE SIGNED
DTY ero ero be be or i		eitenecker, M.D.	DEPUTY MEDIC	AL EXAMINER	12/28/6
O DEPUTY MEDICA necessory, please ex the funeral director. 5 may be retained in 5 FUNERAL DIRECTOR Health or its design	tomic (1990)			t, city, town, or county)	
TO DEPUTY MEDICAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health or its designated age	230 BUR AL CREMATION 23b DATE THE REMOVAL (Specify) 12-31=			23d LOCATION (City or Tow Chesapeake	
0	Burial 12-31-	ADDRESS	Mer MC	D.BY REGISTRAR 2Sb REG	ISTRAR'S SIGNATURE
VR A15ME (5)	TPPIN FUNERAL HOME	Id When	Ell ton Had.	38 REGISTRAR 256 REG	- " mage
2)		Auril 1		- W1	<u> </u>



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 7061 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY CECIL DECIL Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) O.A. E1kton P.O.M.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? hours in Item 18. Give Poges Union Hospital NAME OF First Middle within 72 DECEASED OF DEATH FLOYD. 1966 BLATN WILSON December (Type or print) with t IF UNDER 1 YEAR 9. AGE (In years IF LINDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 30 yrs. 8-24-36 White WIDOWED Male 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) DREDIE BOAT Ony NELDER 13. FATHER'S NAME pages in ony be executed within 14 MOTHER'S MAIDEN NAM in pencil puo or removel. or unknown) (If yes give wor or dates of service) ELMER 219-30-2054 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) 1. DEATH WAS CAUSED BY: Fracture of cervical spine IMMEDIATE CAUSE (o) certificate shauld the word burial, crematian, DHE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES X NO 200. EXTERMAL CAUSE WAS PRIMARY Or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) agent, prior Driver in head-on collision CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) While of work 10:55 XX 12-22 1066 east of Elkton Cecil. Md. for 21. I certify that I taok charge of the remains described above, held an Autonsy X, Inspection . Inquiry and in my opinion Accident X Suicide . Hamicide . Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Charles S. Springate, M.D. December 23, 1966 DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) the 230. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) VR ATSME (5)



1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
funeral Land 2 Land 2	17062 I. PLACE OF DEATH a. COUNTY Cecil county Ceril Co
24 hours after death filled in by the funeral apers. Pages Land 2 n 72 hours after death	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENCTH OF STAY IN 1b Muddy Lane Rd. Red Hill R.D. 4
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Union Hospital of Cecil County d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
executed within 2 and completely fil remove carbon pay any event, within	3. NAME OF First Middle Last OF DECEASED (Type or print) Donna Louise (Baby girl) Zeman U. DATE Month Day Year OF DEATH 12 6. 19 66
and con remove	Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS. WIDOWED DIVORCED 12/5/66 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS. Months Days House Months Days Months Months Days Months M
	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Unling most of working life, even if retired) INDUSTRY Cecil Co. Maryland 12. CITIZEN OF WHAT COUNTRY?
death certificate be e attending physician permit. Then please tion, or remover, and	Gary Lee Zeman 14. Mother's Maiden name Helen Abrams
death cert ne attendin permit. Th lion, or rem	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) ARS' HELEN ZEMAN REDHILL, MD.
y th	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INTERVAL BETWEEN ONSET AND DEATH
PHYSICIAN: The law requires that the the hospital or attending physician. this certificate has been signed by the detached for use as the burial-transit e Dept. of Health prior to burial, crema	conditions, it say, which gave rise to immediate (b) hyal me like membrane of long has
law required in the prior to prior to the pr	cause (a), stating the DUE TO underlying cause last. (c) am reio tre flaid a Suitation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY
CLIAN: The lassificate of for use for use for use to the last the	PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) The state of
PHYSICIAN: the hospital this certifi detached fo e Dept. of H	
tat at	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m., p.m. 19 at work at work 21, I certify that (I) (this hospital) attended the deceased from 19, to 19, that (I) (we) last
OR ATTENDI / be retained DIRECTOR: A ge 3 should led with the \$	saw the deceased alive on 19 and that death occurred at M, from the causes and on the date stated above. 22a. SIGNATURE ATTENDING MED. STATE SIGNED
AL L	ATTENDING MED. ATTENDING DIRECTOR DEL 9-66. 22c. PHYSICIAN'S NAME (Type) ATTENDING DIRECTOR DEL 9-66. 22d. ADDRESS NAME (Type)
Page 4 n Page 4 n TO FUNER director, should be	23a. BURIAL, GREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or Sounty) Md. (State)
VR ALS (4) (2)	ADDRESS STORM CO. 250 REC'D BY REGISTRAR 250 DEGISTRAR 250
20M 1/65	6-201615

